

Division of Corporations

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**MO1000002380**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From: Angie Calabrese**

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**FOREIGN LIMITED LIABILITY COMPANY****7400 OCEANSIDE M/M, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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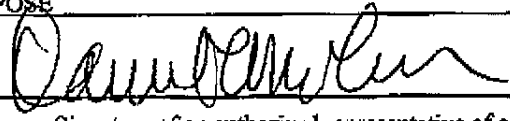
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FAX AUDIT No. H01000109184

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. 7400 OCEANSIDE M/M, LLC  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. APPLIED FOR  
(FBI number, if applicable)
4. 10/16/2001  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING OF APPLICATION  
(Date first transacted business in Florida. (See sections 608.501, 6708.502, and 817.155, F.S.))
7. ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109  
(Street address of principal office)
8. Limited liability company is a member-managed company.
9. The name and usual business addresses of the managing members or managers are as follows:
- JOHN J. MELK, One Fisher Island Drive, Fisher Island, FL 33109 Member
- DANIEL E. MCLEAN, One Fisher Island Drive, Fisher Island, FL 33109 Member
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE DEVELOPMENT AND ANY OTHER LAWFUL PURPOSE

  
Signature of an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Daniel E. McLean  
Typed or printed name of signee

FAX AUDIT No. H01000109184

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

7400 OCEANSIDE M/M, LLC

2. The name and the Florida street address of the registered agent and office are:

AMERICAN INFORMATION SERVICES, INC.

(Name)

One S.E. 3rd Avenue, 28th Floor

Florida street address (P.O. Box NOT ACCEPTABLE)

Miami, Florida 33131

City/State/Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

By Angelica M. Calabrese

Angelica M. Calabrese, Assistant Secretary of  
AMERICAN INFORMATION SERVICES, INC.,  
Registered Agent

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State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "7400 OCEANSIDE M/M, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1400590

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DATE: 10-19-01

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