

000002195

ACCOUNT NO. : 072100000032

REFERENCE : 344112

7198893

AUTHORIZATION

COST LIMIT

\$ 130.00

ORDER DATE : December 12, 2001

ORDER TIME : 1:05 PM

ORDER NO. : 344112-065

200004727132--3

CUSTOMER NO: 7198893

CUSTOMER: Ms. Allison Forrester.

Post & Heymann Llp Ii

Suite 214

100 Jericho Quandrangle

Jericho, NY 11753

FOREIGN FILINGS

NAME: NEWKIRK PINMAR GP LLC

XXXX QUALIFICATION

Til First &

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

100

CERTIFICATE OF GOOD STANDING AUTOLOGY OF CORPORATIONS OF CORPORT OF CORPORATIONS OF CORPORATIO

HATE TO THEMENT OF STATE

CONTACT PERSON:

Susie Knight -- EXT# 1156

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
IN COMPLIANCE WITH SECTION 868-305, FLORIDA STATE OF FLORIDA: LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Man Viv V PINMAN GP LL
1. (Name of foreign limited liability company)
Delaware 3. applied for
2. (FEI number, if applicable)
company is organized)
4. 2 6 6 5. (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited hability company with exist or "perpetual")
upon filing
6. Don't Till 19 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
- 100 Tericho Quadrangle Suite alt
To 5: (1-0 N/V 1/752
Street address of principal office)
\sim
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managery
MLP Manager Corp.
Too Tericho Oradrangle, Suite 24
100 JC. 1010 4030
J CNCho, NY 11753
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
1 - Listing and or the law of Which it is Organized: (A photocop)
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:
11. Nature of business of purposes to general priviley of gimilla participations
The contract of the contract o
see attachment
Signature of a member or an authorized representative of a member.
Signature of a member of all authorized representations of this document constitutes (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.)
Typed or printed name of signee

Newkirk Pinmar GP LLC

MLP Manager Corp., its manager Ву:

Ву:

John Alba Vice President

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.

SIAID OF TECHNOLOGY	
1. The name of the Limited Liability Company is: NEWKIK PINMAN GP LLC	<u>.</u>
2. The name and the Florida street address of the registered agent and office are:	
Corporation Service Company (Name)	<u> </u>
Florida street address (P.O. Box NOT ACCEPTABLE)	≠ .
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 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with a statutes relating to the proper and complete performance of my duties, and I am familiar with a statutes relating to the proper and complete performance of my duties.	
statutes relating to the proper and complete performance of my difference	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00

\$

Certificate of Status (optional)

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWKIRK PINMAR GP 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 THIRTEENTH DAY OF DECEMBER, A.D. 2001.

OI DEC 14 AM 8: 47
SECRETARY OF STATE
TALL AHASSEE, FLORIDA



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1500672

DATE: 12-13-01

3464756 8300

010638585