

ACCOUNT NO.

072100000032

REFERENCE : 509587

4300043

AUTHORIZATION

COST LIMIT :

ORDER DATE: April 3, 2002

ORDER TIME : 10:35 AM

ORDER NO. : 509587-005

CUSTOMER NO:

4300043

CUSTOMER: Vito Piacente, Legal Asst

Proskauer Rose Llp

1585 Broadway

New York, NY 10036-8299

FOREIGN FILINGS

NAME: BIRCH APARTMENTS, LLC

XXXX QUALIFICATION (TYPE: LL)

DCC

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Name Availability	PLEASE RET	URN	THE F	OLLOWING	AS P	ROOF (OF FI	ILING:	
	XX PL	AIN	STAMP	ED COPY					
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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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Name of foreign limited liability company)	
	(and the state of	
2.	DELAWARE 3. 43-1954920	
-	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	MARCH 26, 2002 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to	
	exist or "perpetual")	
6.	UPON FILING	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7.	200 MADISON AVENUE, 5TH FLOOR, NEW YORK, NEW YORK 10016	
	OZ SE SE	
	(Street address of principal office)	
n		_
δ.	If limited liability company is a manager-managed company, check here	רוב ביי
9	The name and usual business addresses of the managing members or managers are as follows:	ľ
٠.	For up	
	ADAM R. ROSE, SOLE MEMBER	
	200 MADISON AVENUE, 5TH FLOOR, NEW YORK, NEW YORK 10016	
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record	ls 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: ACQUISITION, OWNERSHIP	
	AND MANAGEMENT OF REAL AND PERSONAL PROPERTY, AND ANY AND ALL LAWFUL BUSINESS	
	alene	
	Signature of a member or 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.)	

Typed or printed name of signee

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 Comp	pany is:				
BIRCH APARTMEN	TS, LLC					
2. The name and	d the Florida street address	of the register	ed agent and office are:			
	SE(TALL	02				
	CRETAF AHAS	APR -3				
		3 PM				
	Florida street address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	FL	32301			
	((City/State/Zip)				
		•			-	
liability company registered agent statutes relating	y at the place designated in and agree to act in this cap to the proper and complete	this certificate, pacity. I further performance o	ice of process for the above s. , I hereby accept the appointn r agree to comply with the pro of my duties, and I am familia s provided for in Chapter 608	nent as ovisions of r with and	all	
Patrie	ia Prents		F			
Patricia Pi Asst. Secr						

\$ 100.00 Filing Fee for Application

\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIRCH APARTMENTS, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2002.

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

02 APR -3 PM 3: 11
SECRETARY OF STATE
TALLAHASSEF, FI ORIDA



Warriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1690114

DATE: 03-27-02

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