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REFERENCE :

612796 4379319

AUTHORIZATION

COST LIMIT

: \$ 160.00

ORDER DATE: June 6, 2002

ORDER TIME :

1:58 PM

ORDER NO. : 612796-010

CUSTOMER NO: 4379319

CUSTOMER: Ms. Jennifer Cohen

Schain, Burney, Ross & Citron

222 North La Salle Street

Suite 1910

Chicago, IL 60601

900005726529--1

FOREIGN FILINGS

NAME: GARDEN TERRACES, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT#1135

EXAMINER:

MO2-146

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: Garden Terraces, L.L.C. (Name of foreign limited liability company) Illinois 3. _____ (Jurisdiction under the law of which foreign limited liability company is organized) February 1, 2001 (Duration: Year limited liability company exist or "perpetual") (Date of Organization) Upon filing with the Secretary of State (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1637 North Milwaukee Avenue, Chicago, Illinois 60647 (Street address of principal office) 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: Colin M. Kihnke, 1637 North Milwaukee Avenue, Chicago, Illinois 60647 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: any and all purposes for

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.)

Colin M. Kihnke

which a business can be organized

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.

| 2. The name an | d the Florida street address | of the registered | d agent and office are: | |
|--|---|---|---|-------------------------------|
| | Corpor | ation Service (| Company | |
| | | (Name) | | |
| 02 JUN -7 PM 3: 22 SECKETARY OF STATE TALLAHASSEE, FLORIDA | | 1201 Hays Stree Idress (P.O. Box <u>NC</u> | | |
| 488 488 | Tallahassee | FL (Cir. (State (Zir.) | 32301 | |
| Having been nat liability compan registered agent statutes relating | med as registered agent and y at the place designated in and agree to act in this cap to the proper and complete | this certificate, in this certificate, in the case of the certification | ce of process for the above state I hereby accept the appointmen agree to comply with the provis my duties, and I am familiar w provided for in Chapter 608, F. | t as ions of al ith and |

McCefelle (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number 0051341-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

GARDEN TERRACES, L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 01, 2001,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



| In Testimony | Whereof, | I, hereto set |
|--------------|----------|---------------|
|--------------|----------|---------------|

my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ 5TH day of _____ A.D. ____2002 .

Desse White

SECRETARY OF STATE