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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.	Wood Creek Associates LLC					
	(Name of foreign limited liability company)					
2.	Illinois 3.					
	Illinois (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)					
4.	September 27, 2002 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")					
_	PS O					
6.	upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)					
7.	100 North LaSalle Street, Suite 910 💯 💫					
	Chicago, Illinois 60602					
	(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:					
	Wood Creek Manager LLC, an					
Illinois limited liability company						
	100 North LaSalle Street, Suite 910					
	Chicago, Illinois 60602					
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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:					
	Own and operate real estate - apartment complex					
	- May a series of the series o					
	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.)					
	Gary S. Richman					

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 Company is:	
Wood Creek Associates LLC	
2. The name and the Florida street address of the registered agent and office are:	02 OCT SECRET
LexisNexis Document Solutions Inc.	T-2 PM TARY OF
(Name)	Y OF
3953 W.W. Kelley Road Florida street address (P.O. Box NOT ACCEPTABLE)	M 2: 35 F STATE FLORIDA
Tallahassee FL 32311	
(City/State/Zip)	•

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.

muchelle Krofel, Asst. Secretary
(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 __________



To all to whom these Presents Shall Come, Greeting:

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

WOOD CREEK ASSOCIATES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 27, 2002, 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 _______ and any of ______ september A.D. ______ .

Desse White

SECRETARY OF STATE