M0200003005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Etting Officer:
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SECRETARIA DE STATE
TALLAHASSEE FLORIDA



CT CORPORATION

November 13, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399



Re: Order #: 5718411 SO

Customer Reference 1: None Customer Reference 2: Provided

Dear Secretary of State, Florida:

Please file the attached:

TIAA Bay Isle Key II, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

	HANSACI	DUSHI.	ESS IN FEORIDA	0
IN COMPLIANCE WI	TH SECTION 608.503, FLORIDA S.	י אידו דרבי	THE FOLLOWNIC IS GUNDAT	TENTIFORECUTED A CORECON
LIMITEDLIABILITY	TOMPANY TO TRANSACT BUSINESS	S INTHE S	TATE OF FLORIDA:	TED TO REGISTER AGROREICN
1. TIAA BA	AY ISLE KEY II, LLC			一語 30 円
	(Name of fi	oreign limit	red liability company)	2
2. Delawa:	re	2	Applied for	72.00
(Jurisdiction under	the law of which foreign limited lia	ज्ञान्त्र	(FEI number, if a	ipplicable)
company is organiz	·			DAN O
	er 6, 2002	. 5	Pertpetual	
(Dat	e of Organization)	_	(Duration: Year-limited liabilitexist or "perpetual")	ty company will cease to
6. Upon fi	iling			
V	ite first transacted business in Florid	la. (Sce sec	tions 608.501, 608.502, and 81	7.155, F.S.)
a 720 ሞኒ	A O+b Fl.am			,
7730 Th:	ird Avenue, 9th Floor			
Natr Vo-	rk, NY 10017			
Hew 10		iddress of n	mincipal office)	
	(5.237.2			
8. If limited liabili	ity company is a manager-mai	naged con	npany, check here	
		_	_	
9. The usual busin	ess addresses of the managing	g member	rs or managers are as follo	ws:
		_	.	
730 T	hird Avenue			
New Yo	ork, NY 10017			
	·		· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
	inal certificate of existence, no more t			
	e law of which it is organized. (A ph			s in a foreign language, a
ranslation of the certific	cate under oath of the translator must	be submitte	d)	
		_		
II. Nature of busing	ness or purposes to be conduc	ted or pro	omoted in Florida: <u>To_</u>	develop and
<u>own real e</u>	state.			· · · · · · · · · · · · · · · · · · ·
TIAA BAY ISLE KEY II MEMBER, LLC				
Signature of a member or an authorized representative of a member.				
(In accordance with section 603.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
		A Junjunyu	A section of the sect	
	Typed or for		no of siones	
7 057 - 11/1/99 C 7 Syriam Online	Mark L. Serl	Len, Sec	ne of signee cretary	

FL057 - 11/1/99 C T System Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

	بري. بري			
1.	The name of the Limited Liability Company is:			
	TIAA BAY ISLE KEY II, LLC			
2.	The name and the Florida street address of the registered agent and office are:			
	C T Corporation System			
	(Name)			
	c/o C T Corporation System, 1200 South Pine Island Road			
	Florida street address (P.O. Box NOT ACCEPTABLE)			
	Plantation FL 33324			

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.

City/State/Zip

CT Corporation System

Jonathan R. Giddings Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIAN BAY ISLE KEY II, 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 SEVENTH DAY OF NOVEMBER, A.D. 2002.

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

DATE: 11-07-02

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2078323

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