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Division of Corporations Public Access System

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(((H03000024276 5)))

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From:

: BROAD AND CASSEL (BOCA RATON) Account Name

Account Number : 076376001555 Phone : (561)483-7000 Fax Number : (561)218-8960



IMITED LIABILITY COMPANY

CG Tamarac LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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FLORIDA DEPARTMENT OF STATE

Ken Detzner

Secretary of State

January 21, 2003

BROAD AND CASSEL

SUBJECT: CG TAMARAC LLC REF: W03000001636 OS JAN 17 M 9:53

We received your electronically transmitted document. However, the dojument has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Pluase return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca.1 (850) 245-5043.

Jowy Bryan Downment Specialist FAX Aud. #: H03000024276 Letter Number: 203A00003262

k Audit No.: H03000024276 5			
APPLICATION BY FOREIGN LIMITED LITERAL TRANSACT BY		ILITY COMPANY FOR AUTHOR	CESTON TO
I COMPLIANCE WITH SECTION 608.503, FLORIDA STAT MITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN			EGISTER A FORE
CG Tamarac LLC			
(Name of fire	gn lin	ited liability company)	第二·第
Delaware	3		70,0
(Jurisdiction under the law of which foreign limited liability company is organized)	ξy	(FBI number, if applicable)	图点 5
January 15, 2003	5	Perpetual	,
(Date of Organization)	-	(Duration: Year limited liability company exist or "perpensal")	will cease to
Upon filing of this document			
	(Seé s	ections 608.501, 608.502, and 817.155, F.S.)
280 Trumbull Street, HHIF, Hartford, Connecticut 0610	3		
The state of the s			
(Street addr	rest of	principal office)	
If limited liability company is a manager-manag	ged G	ompany, check here	
The name and usual business addresses of the m	anag	ing members or managers are as foll	ows:
Connecticut General Life Insurance Company, on behal	fof it	Separate Account 4628RE	
900 Cottage Grove Road, Hartford, Connecticut 05152			
•			•
Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A promoder of the certificate under cash of the translator mass	oosode	opy is not acceptable. If the certificate is in a fi	w ,
. Nature of business or purposes to be conducted advisable, or appropriate in connection of the conduction of the conduc	d or p on! w	promoted in Florida: All activitie ith an apartment project in B	oward County
Jusan L.	Com	24^_	
Signature of a member or an			

(In accordance with section 603.408(3), F.S., the execution of this document constitutes

in affirmation under the panalities of pripary that the facts stated herein are true.)

Connecticut General Life Insurance Company, on behalf of its

Separate Account 4628RE. By Susan L. Cooper. fits sutherized agent.

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.

STATE OF FL	ORIDA.	WODELL HATTER
1. The name of	f the Limited Liability Company is:	
CG Tamarac	LLC	·
2. The name as	and the Florida street address of the registered agent and office are:	
	CT Corporation Systems (Name)	— <i>₹</i> % &
	1200 Pine Island Road,	JAN 17
	Florida street address (P.O. Box NOT ACCEPTABLE)	T

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.

Carlaia aburke (Signature)

Plantation

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

33324

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for CG Tamarac LLC, a Delaware limited liability company (the "Limited Liability Company"), in the foregoing Statement of Qualification for Foreign Limited Liability Company, the undersigned, on behalf of the Limited Liability Company, hereby agrees to accept service of process for said Limited Liability Company and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

CT Corporation System, a Florida corporation

Dated: January 21, 2003

By: Oar	lara	abenka	
Name:			_
Title:	n	ARABA A RIDINO	_
	APECTAL.	ASSESTA BY SPENCETED	,

Fax Audit No. : H03000024276 5

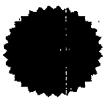
Delaware

Page 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CG TAMARAC 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 SIXTEENTH DAY OF JANUARY, A.D. 2003.

3615277 8300 030033001



Warriet Smite Hinden HOTHER YEAT SKIND 20 5438

DATE: 01-16-03