APR-24-03 THU 03:58 PM Division of Corporations FAX NO. 561 622 7603

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Florida Department of State

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To:

Division of Corporations

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Account Name

: HAILE, SHAW &PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone

: (561)627-8100

Fax Number : (561)622-7603

FOREIGN LIMITED LIABILITY COMPANY

TROPICAL - DULL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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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: Tropical - Dull LLC (Name of foreign limited liability company) Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Perpetual April 17, 2003 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpential") April 25, 2003 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) c/o Diversified Investments, 4340 East West Highway, Suite 206, Bethesda, MD 20814 (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: Michael Dull 135 Pearl Street, #3 Cambridge, MA 02139 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 coth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Ownership and operation of real estate 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.)

Typed or printed name of signee

James H. Schnare II

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:	
"ropical - Dull, ELC	
2. The name and the Florida street address of the registered agent and office ar	re:
James H. Schnare II	
(Name)	
11780 U.S. Highway One. #300 Florida street address (P.O. Box NOT ACCEPTABLE)	03/APR
North Palm Beach #1. 33408	PA SSI
(City/State/Zip)	
	<u> </u>
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the apregistered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am Jaccept the obligations of my position as registered agent as provided for in Chap.	ppointment as:> the provisions of all faniliar with and
A N Signature)	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00

Designation of Registered Agent

Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TROPICAL-DULL, 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 SEVENTEENTH DAY OF APRIL, A.D. 2003.



Warriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2372273

DATE: 04-17-03