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Account Name : FOLEY & LARDNER Account Number : 072720000061 Phone

2 (904)359-2000 Fax Number : (904)359-8700

FOREIGN LIMITED LIABILITY COMPANY

Ocean 505 Associates, L.L.C.

Certificate of Status	0		
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Fax Audit No. H04000050847

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

Ocean 505 Associates, L.L.C.	- -	
	oreign limited liability company)	
New York	3, 11-3241559	
(Jurisdiction under the law of which foreign limited list company is organized)	•	-
December 6, 1994	5. Perpetual	_
(Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpenual")	_
March 1, 2004		
(Date first transacted business in Florid	a. (See sections 608.501, 608.502, and 817.155, F.S.)	
60 Broad Street, Sulte 3503, New York,	NY 10004	
		-
(Street a	ddress of principal office)	-
(0.2001.2	Section of personal controls	
If limited liability company is a manager-man	naged company, check here	
The same and usual husiness addresses of the	managing members or managers are as follows:	40
	ভাৰত ভাৰত ভাৰত ভাৰত ভাৰত ভাৰত ভাৰত ভাৰত	04 HAR -9
Judy Eckstein, 60 Broad Street, New Yo	ork, NY 10004 \\ \Eartille{\Eartille	- i
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	han 90 days old, duly authenticated by the official having custody of re A photocopy is not acceptable. If the certificate is in a foreign language must be submitted.)	
Nature of husiness or numbers to be conduct	ted or promoted in Florida: real estate investment	
Transact of outsides of purposes to oo contage	1	-
		_
Millin	1/1/3-7	
Signature of a member or	an authorized representative of a member.	
(In accordance with section 608.40	8(3), F.S., the execution of this document constitutes of periury that the facts stated herein are true.)	

Matthew G. Breuer, Authorized Representative of Member Typed or printed name of signee

Fax Audit No. H04000050847

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.

	the Florida street add	ress of the registered agent and office a	re:		
_	F&L Corp.				
_		(Name)			
	The Greenleaf Building, 200 Laura Street		SECT TALL.	04 HAR	
-	Florida stree	t address (P.O. Box <u>NOT</u> ACCEPTABLE)	AHA NE F	55	-T]
	lacksonville	FL 32202	SSFE	9 PI	
-		(City/State/Zip)	70	<u>ئ</u>	
liability company c registered agent a	at the place designated nd agree to act in this	and to accept service of process for the a l in this certificate, I hereby accept the a capacity. I further agree to comply with lete performance of my duties, and I am	appointment as the provisions of all		

Charles V. Heal

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

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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State of New York Department of State

I hereby certify, that OCEAN 505 ASSOCIATES, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/06/1994, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of March two thousand and four.

Secretary of State

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