

M04000001570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

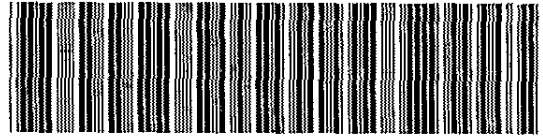
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300030201683

RECEIVED AND FILED

04 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 23 PM 2:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

42604



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 587090 4320209
AUTHORIZATION : Patricia Piquero
COST LIMIT : \$ 125.00

ORDER DATE : April 23, 2004
ORDER TIME : 10:56 AM
ORDER NO. : 587090-005
CUSTOMER NO: 4320209
CUSTOMER: Cathy Benanti, Esq.
Cassin, Cassin & Joseph
20th Floor
711 3rd Avenue
New York, NY 10017

FOREIGN FILINGS

NAME: SHOWCASE MANAGEMENT COMPANY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

FILED
04 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER
A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SHOWCASE MANAGEMENT COMPANY LLC
(Name of foreign limited liability company)

2. Delaware 3. 27-0084773
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/11/04 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2711 Centerville Road, Suite 400
Wilmington, Delaware 19808
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The names and usual business addresses of the managing members or managers are as follows:
William R. Sigmund II
2738 NE 14th Street
Ft Lauderdale, Florida 33304

04 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Manage residential
and/or commercial real property, condominiums and/or cooperative units.

C Benanti
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.)

Caterina A. Benanti
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:

SHOWCASE MANAGEMENT COMPANY LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

(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.

Marcial Colman
(Signature)

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

04 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Delaware

PAGE 1

The First State

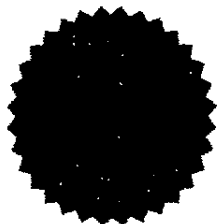
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOWCASE MANAGEMENT COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOWCASE MANAGEMENT COMPANY LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2004.

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

3736435 8300

040297204



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3070053

DATE: 04-23-04