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Account Name : BILZIN, SUMB
Account Number : 075350000132

: BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.

Account Number Phone Fax Number

: (305)374-7580 : (305)350-2446

9 PM 12: 2 F GORPORAT

FOREIGN

REIGN LIMITED LIABILITY COMPANY

ASN Doral West LLC

| Certificate of Status | 1 |
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| Certified Copy | 1 |
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2004 SEP -9 A 9: 3 SECRETARY OF STATE TALLAHASSEE, FLORID,

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

| ASN Doral West LLC | J | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (Name of Poreig | n Limited Liebility Cor | npany) |
| Delaware | law of which foreign limits | 3. 650776 | |
| Jui solution under the temperary is organized) | law of which foreign limits | d lisbility | (FEI number, if applicable) |
| August 21, 1997 | | 5. Parpetu | ai |
| (Date of | (Organization) | (Durati exist or | on: Year limited liability company will cease to "perpetual") |
| September 8, 2004 | | | |
| | (1) are first transacted but (See sections 508.501 & 6 | iness in Florida, if pric | r to registration.) to penalty liability) |
| One SE Third Avenu | • | | |
| Mizmi, Florida 3313 | 1 | | |
| | (Str | et Address of Principal | Office) |
| If limited liability | company is a manager | managed company. | check here |
| () indited inditing | -ottoberid to a theory | session and and charte. | |
| The name and usus | al business addresses o | f the managing mer | nbers or managers are as follows: |
| | , | | 484 |
| Cove GP. LLLP. Or | ne SE Third Avenue, #31 | 00. Mismi, Florida 33 | 131 |
| Cove GP, LLLP, Or | ne SE Third Avenue, #31 | 00, Miami, Florida 33 | 131 |
| Cove GP, LLLP, Or | na SE Third Avenue, #31 | 00, Miami, Florida 33 | 131 |
| Cove GP, LLLF, Or | ne SE Third Avenue, #31 | 00, Miami, Florida 33 | |
| Cove GP, LLLF, Or | ne SE Third Avenue, #31 | 00, Miami, Florida 33 | |
| . Attached is an original | certificate of existence, no m | ore than 90 days old, clui | y authorizated by the official liaving custody of record |
| . Attached is an original jurisdiction under the la | certificate of existence, no m two of whileh it is organized. (| ore (han 90 days old, chil A photocopy is not acce | |
| . Attached is an original jurisdiction under the landstation of the certificate | certificate of existence, no m aw of which it is organized. (cunder eath of the translator) | ore (han 90 days old, chil A photocopy is not acce rust be submitted.) | y authenticated by the official having custody of record plable. If the certificate is in a foreign language, a |
| . Attached is an original jurisdiction under the landstation of the certificate | certificate of existence, no m aw of which it is organized. (cunder eath of the translator) | ore (han 90 days old, chil A photocopy is not acce rust be submitted.) | y authorizated by the official liaving custody of record |
| . Affached is an original jurisdiction under the landstation of the certificate . Nature of busines | certificate of existence, no m aw of which it is organized. (cunder cath of the translator) as or purposes to be con | ore than 90 days old, chil A photocopy is not acce rust be submitted.) inducted or promate; | y authenticated by the official having custody of record plable. If the certificate is in a foreign language, a tak Florida: To engage in any lawful act or ac |
| . Affached is an original jurisdiction under the landstation of the certificate . Nature of busines | certificate of existence, no m aw of which it is organized. (cunder cath of the translator) as or purposes to be con | ore than 90 days old, chil A photocopy is not acce rust be submitted.) inducted or promate; | y authenticated by the official having custody of record plable. If the certificate is in a foreign language, a |
| . Affached is an original jurisdiction under the landstation of the certificate . Nature of busines | certificate of existence, no many of which it is organized. (europerath of the translator) as or purposes to be concernated many transact. Signature of a membe | orethan 90 days old, duit A photocopy is not accerus be submitted.) Inducted or promote pusiness in the State | yautherricated by the official liaving custody of record plable. If the certificate is in a foreign language, a light Florida: To engage in any lawful act or act of Florida under the laws of the State of Florida engage in any lawful act or act of Florida. |
| . Attached is an original jurisdiction under the la distation of the certificate . Nature of busines | certificate of existence, no many of which it is organized. (europerath of the translator) as or purposes to be concernated many transact. Signature of a membe | ore than 90 days old, chill A photocopy is not acceptust be submitted.) Inducted or promoter pusiness in the State por an authorized r | yauthericated by the official having custody of record pable. If the certificate is in a foreign language, a lish Florida: To engage in any lawful act or ac of Florida under the laws of the State of Florida epresentative of a member. |

Typed or printed name of signee

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2004 SEP -9 A 9:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

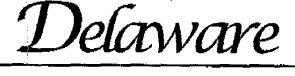
| ASN Doraf West LLC | | | | | |
|--------------------|---------------------------------------|----------------------------------------------|-------------|--|--|
| . The nam | ne and the Florida street | address of the registered agent and office a | rc; | | |
| | Saby Behar | , | | | |
| | | (Name) | | | |
| | One SE Third Aven | ue, #3100 | | | |
| | Florida | Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Miam | FL 33151 | | | |
| | · · · · · · · · · · · · · · · · · · · | Clty/State/Zip | | | |

traving 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. Iffurther agree to comply with the provisions of all statutes relating to the proper upd 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, Florida Statutes.

(Signature)

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

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PACE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASN DORAL WEST 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 SECOND DAY OF SEPTEMBER, A.D. 2004.



Warriet Smith Hindson, Secretary of State

AUTHENTICATION: 3330937

DATE: 09104808182241