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ACCOUNT NO. : 072100000032

REFERENCE: 890816 4809298

AUTHORIZATION : Patricia lunt

COST LIMIT : \$ 125.00 ""

ORDER DATE: September 17, 2004

ORDER TIME : 2:12 PM

ORDER NO. : 890816-010

CUSTOMER NO: 4809298

CUSTOMER: Ms. Beatrice Kwok

Riker, Danzig, Scherer,

Po Box 1981

Morristown, NJ 07962

FOREIGN FILINGS

NAME: HERITAGE HOUSE PARTNERS, 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: Darlene Ward -- EXT# 2935

EXAMINER:

	ON SEP TALLA
APPLICATION BY FOREIGN LIMITED LIAB TRANSACT BUSI	BILITY COMPANY FOR AUTHORIZATION TO INESS IN FLORIDA
N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	
Heritage House Partners, LLC	<i>y</i>
(Name of Foreign Limited L	
New York 3	. 13-3774243
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
13-3774243) converted into Heritage	gistration number GP010000165 and EIN House Partners, LLC
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)
245 Saw Mill River Road	
Hawthorne, NY 10532 (Street Address)	of Principal Office)
(5100171011010	
. If limited liability company is a manager-managed	company, check here
. The name and usual business addresses of the mana	aging members or managers are as follows:
Martin Ginsburg - c/o Ginsburg Developme	nt Company, 245 Saw Mill River Road,
Hawthorne, New York 10532; Samuel Ginsbu	rg - c/o Ginsburg Development Company,
245 Saw Mill River Road, Hawthorne, New 1	York 10532
O. Attached is an original certificate of existence, no more than 90 one jurisdiction under the law of which it is organized. (A photocopy anslation of the certificate under oath of the translator must be subr	
1. Nature of business or purposes to be conducted or	r promoted in Florida: apartment owner
Toxa	·
	thouzed 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 perj SAMUEL G. (NSB	•
Typed or printed	
I) pod or printed	·

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: Heritage House Partners, LLC			
	Corporation Service Company		
	(Name)		
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee FL 32301 City/State/Žip		

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, Florida Statutes.

By: Delvish Dipper) jeddys Assi V Pres.

Deborah D. Skipper Asst. V. Pres.

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

State of New York Department of State State

I hereby certify, that HERITAGE HOUSE PARTNERS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/17/2003, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of September two thousand and four.

Secretary of State

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