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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES November

CORPORATION NAME (S) AND DOCUMENT NUN

WREF	rop	erties LLC	·	
Filing Evidence □ Plain/Confirmation Copy	r		Type of Docume Certificate of Sta	
☑ Certified Copy			Certificate of Go	od Standing
			Articles Only	
Retrieval Request Photocopy Certified Copy			All Charter Docu Articles & Amen Fictitious Name (dments
NEW FILINGS		AMENDMENTS		
Profit		Amendment		
Non Profit		Resignation of RA O	fficer/Director	
Limited Liability		Change of Registered	l Agent	
Domestication		Dissolution/Withdrav	val	
Other		Merger		
OTHER FILINGS		REGISTRATION/Q	UALIFICATION	
Annual Reports	X	Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Painstatement		Trademark		

Other



TRANSACT BUSINESS IN FLORIDA

3. 20-1844131 lity (FEI number, if applicable) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
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exist or perpount)
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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:

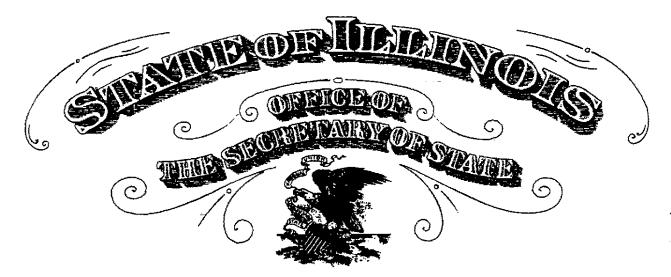
WRE Propertie	s LLC		<u> </u>
2. The name a	and the Florida street add	lress of the registered agent and office ar	re:
	NRAI Services, Inc.		
		(Name)	
	526 E. Park Avenue		
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability comparagent and agree relating to the pobligations of nNRAI Services. By:	ny at the place designated e to act in this capacity. I proper and complete perfo ny position as registered d	and to accept service of process for the ald in this certificate, I hereby accept the ap. I further agree to comply with the provision formance of my duties, and I am familiar was agent as provided for in Chapter 608, Flor	pointment as registered ons of all statutes with and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

File Number

0133623-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

WRE PROPERTIES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 04, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

NOVEMBER

A.D.

2004

Desse White

SECRETARY OF STATE