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SFOREIGN LIMITED LIABILITY COMPANY

FSM Office Trustee LLC

Certificate of Status	2
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THREESE R. THIRS MARKE

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

CT CORP

FSM Office Trustee L			_
	(Name of Foreign Limited Liability Com	(ралу)	
Delaware	3		_
(Jurisdiction under the company is organized)	law of which foreign limited liability	(FEI number, if applicable)	
November 9, 2004	5 2079		
	f Organization) (Duratio	nn: Year limited liability company will cause n "perpetual")	0
upon qualification			_
	(Date first transacted business in Florida, if prior (See sections 608.501 & 608.502 F.S. to determine	to registration.)	₹
	•	- k	ALL
c/o Millennium Partn	sis - 1990 Grosdway		Αř
New York, NY 1002	23		NS
	(Street Address of Principal	Office)	<u>6</u> -
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If implied hability	company is a manager-managed company,	cueck here [K]	ىت.
. The name and usu	ial business addresses of the managing mem	ibers or managers are as follows:	LORID
TB Holding Co II L	(r		Ä
	truers		•
c/o Millenmum Pa 1995 Broadway	TUR!5		_
c/o Millennium Pa 1995 Broadway			
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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:
FSM Office Trustee LLC
2. The name and the Florida street address of the registered agent and office are:
C T Corporation System
(Name)
1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)
2 1
Plantation P1 33324 Giv/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, Florida Statutes. CT Composition System Jill E. Kranz Assistant Secretary
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FSM OFFICE TRUSTEE 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 FIRST DAY OF DECEMBER, A.D. 2004.

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

SECRETARY OF STATE



Warnet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3509965

DATE: 12-01-04

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