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ACCOUNT NO. : 072100000032

REFERENCE: 208096

4304847.

AUTHORIZATION : Tatricia

COST LIMIT : \$ 160.00

ORDER DATE: February 16, 2005

ORDER TIME: 12:53 PM

ORDER NO. : 208096-010

CUSTOMER NO: 4304847

CUSTOMER: Mr. Aric K. Chan

Goodwin, Procter Llp

23rd Floor, Exchange Place

53 State St

Boston, MA 02109-2881

FOREIGN FILINGS

NAME: RESERVE OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

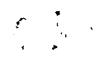
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2005

DARLENE WARD CSC TALLAHASSEE, FL

SUBJECT: RESERVE OWNER LLC

Ref. Number: W05000008271



We have received your document for RESERVE OWNER LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

PLEASE have the R.A. sign the acceptance statement on the R.A. page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 505A00011175

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

IN COMPLIANCE WITH SECTION 608.503, FEORIDA STATILIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN:	TUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN THE STATE OF FLORIDA:
	ted Liability Company)
1. Reserve Owner LLC	ted Liability Company)
• •	
2. Delaware	3
(Jurisdiction under the law of which foreign limited liabil company is organized)	3. (FEI number, if applicable) 5. 2055 (Duration: Vest limited liability commany will content)
4. February 9, 2005	5, 2055
(Date of Organization)	(Duration: Year limited liability company will cease of exist or "perpetual")
6. N/A	
Date first transacted business in	n Florida, If prior to registration.) F.S. to determine penalty liability)
San Francisco, CA 94111	
(Street Addi	ress of Principal Office)
8. If limited liability company is a manager-manager	ged company, check here
9. The name and usual business addresses of the n	nanaging members or managers are as follows:
Reserve Tower LLC	
c/o BlackRock Realty Advisors, Inc.	
10 Park Avenue, P.O. Box 2346, Morristown, I	NJ 07965
	n 90 days old, duly authenticated by the official having custody of records in a copy is not acceptable. If the certificate is in a foreign language, a submitted.)
11. Nature of business or purposes to be conducted	d or promoted in Florida: To acquire, improve, finance,
indirect investments in real property or enfities directly or	exchange, convey, dispose of and otherwise deal with direct or rindirectly owning real property and to engage in all actions
necessary, convenient or incidental therete.	Howards
Signature of a member or an	authorized representative of a member.
(In accordance with aection 608,408(3	3), F.S., the execution of this document constitutes
	perjury that the facts stated herein are true.)
Herman H. Howerton, Esq.	
Typed or prin	ited name of signec

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

Reserve Owner LLC	nited Liability Compa			
Reserve Owner LLCC	<u>;</u>		····	
2. The name and the Fl	orida street address o	f the registered as	gent and office are:	
	Corporati	on Service Comp	any	
	•	(Name)		
	. 12	01 Hays Street		
		ess (P.O. Box NOT	ACCEPTABLE)	· · · · · · · · · · · · · · · · · · ·
	Tallahassee	FL .	32301	
		City/State/Zip		
	gistered agent and to	accept service of p	process for the above	stated limited
Having been named as re liability company at the p agent and agree to act in relating to the proper and obligations of my position	this capacity. I furthed complete performant	er agree to comply ce of my duties, an	with the provisions of d I am familiar with	of all statutes and accept the
liability company at the p agent and agree to act in relating to the proper and obligations of my position	this capacity. I furthed complete performant	er agree to comply ce of my duties, an	with the provisions of d I am familiar with	of all statutes and accept the
liability company at the pagent and agree to act in relating to the proper and obligations of my position Corporation By: Lloah	this capacity. I furthe d complete performan n as registered agent a	er agree to comply ce of my duties, an	with the provisions of d I am familiar with	of all statutes and accept the

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 "RESERVE OWNER 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 NINTH DAY OF FEBRUARY, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESERVE OWNER LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2005.

3923801 8300

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Warriet Smith Hindre

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3674496

DATE: 02-09-05