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Division of Corporations

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From:

Account Name : TURNBERRY ASSOCIATES

Account Number : I19990000201 Phone

Fax Number

: (305)933-5505 : (305)933-5535

# FOREIGN LIMITED LIABILITY COMPANY

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		TRA	MSMITTA	L LETTER		
	gistration Section vision of Corpora					
SUBJECT	Turnberr	y Retail Subsi				
		(Name of	f Limited Li	ability Comp	any)	
Florida," (	Certificate of Exis		are submitte		Authorization to T the above reference	ransact Business in ed foreign limited
Please retr	un all correspond	lence concerning	this matter to	o the followin	ıg:	
		Betty Ziegler			DIVINOR OF CORPORATE	
			(Name of	Person)	<del></del>	产空 当
	Tues area in second	ry Associates				£9, 7
	zuruser.	ry Mesocrates	(Firm/Cor		<del></del>	<u></u>
			(EILIE COL	nbanal		1.00 1.00 1.00
	19501 в	iscayne Blvd.,	. Suite 40	0		SA SA
	*****		(Addre	:\$5)		- 50°
	Avent	ura, FL 3318	10			i.
	<del></del>	(C	ity/State and	Zip Code)		<del></del>
For further	r information con	cerning this matte	r. piesse cal	ŀ.		
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_8	baun S. Flemi	ng;	at(	412	562-1588	
	(Nau	ne of Person)			Daytime Telephon	e Number)
ST	REET ADDRES	SS:		MAILING	GADDRESS:	
Registration Section			Registratio			
Div	vision of Corpora	tions			f Corporations	
409 E. Gaines Street			P.O. Box 6	327 <sup>-</sup>		
Tal	liahassee, Florida	32399		Tallahasse	e, Florida 32314	
Enclosed i	s a check for the	following amount	:			

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

IN COMPLIANCE WITH SECTION 608-508, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of	Lary GP, LLC FForeign Limited Liabilit	y Company)	
	•		The second
Delaware Imisdiction under the law of which foreign	3. <u>20</u>	0-2730611 (FEI number, if applica	100
company is organized)	it dames usomiy	( tra manos, a spines	<b>E</b> Q.
_ April 21, 2005	5	Perpetual	ي بي
(Date of Organization)		Duration: Year limited liability com tist or "perpetual")	pany will cease to
N/A			
	icted business in Florida, 501 & 608.502 F.S. to de		
19501 Biscayne Blvd., S	Suite 400		
Aventura, FL 33180			
	(Street Address of Pri	ncipal Office)	
**************************************			
If limited liability company is a ma	anager-managed com	pany, check here	
The name and usual business addre	esses of the managing	members or managers are as	: follows:
. •	•	_	
Turnberry Recail Develo	pers, L.F.		<u> </u>
19501 Biscayne Blvd., S	Suite 400		
19501 Biscayne Blvd., S Aventura, FL 33180	Swite 400		
Aventura, FL 33180  Attached is an original certificate of existent purisdiction under the law of which it is organizate under cells of the training of the certificate under cells of the training.  Nature of business or purposes to	ce, no more than 90 days of arrived. (A photocopy is no anslator must be submitted to be conducted or pros	taceptable. If the centificate is in a ; )	
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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 on 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.

FLORIDA.		£ 2
i. The name of	the Limited Liability Company is:	THE THE
Turnber	ry Retail Subsidiary GF, LLC	美 2
2. The name an	d the Florida street address of the registered agent and office are:	SEE, FI
	Mario Romine	92 2
	(Name)	52
	19501 Biscayne Blvd., Suite 400	J
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	•
	Aventura, FL 33180	٠
	City/State/Zip	·
liability company agent and agree relating to the pr	med as registered agent and to accept service of process for the above stay at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with an a position as registered agent as provided for in Chapter 608, Florida St	nent as registered all statutes d accept the

By: Mans a Romine (Signature)

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

305 933 5535

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PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TURNEERRY RETAIL SUBSIDIARY GP, 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 TWENTY-FIRST DAY OF AFRIL, A.D. 2005.



3957753 8300 050318775



Harriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3827006

DATE: 04-21-05