M05000002752

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UI | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer. |





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| SERVICE COMPANY | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNT NO. | : 072100000032 |
| REFERENCE | : 385273 - 6472A 256 74 |
| AUTHORIZATION | : Tatricia Typito |
| COST LIMIT | : \$ 155.00 T |
| ORDER DATE : May 20, 2005 | ORIGE STATE OF THE PARTY OF THE |

ORDER TIME : 8:47 AM

ORDER NO. : 385273-015

CUSTOMER NO: 6472A

CUSTOMER: Ms. Beverly Bryan

Adorno & Yoss, P.a.

Suite 1700

350 E. Las Olas Blvd.

Fort Lauderdale, FL 33301

FOREIGN FILINGS

NAME: ADVENIR WINDSOR MIRAMAR GP, LLC

XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935 EXAMINER:

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

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ADVENIR WINDSOR MIRAMAR GP, LLC | d Liebility Comments |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Foreign Limite | • • |
| DELAWARE | 3. APPLIED FOR |
| Jurisdiction under the law of which foreign limited liability company is organized) | y (FEI number, if applicable) |
| MAY 18, 2005 | 5. PERPETUAL |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| UPON QUALIFICATION | |
| (Date first transacted business in (See sections 608.501 & 608.502 F | S. to determine penalty liabilify) |
| 4780 N.W. 9TH STREET, PLANTATION, FLORIDA | 33317 |
| | |
| (Street Addre | ss of Principal Office) |
| If limited liability company is a manager-manage | ed company, check here |
| The name and usual business addresses of the ma | anaging members or managers are as follows: |
| ADVENIR WINDSOR AT PARK SHORE, LLC | |
| 4780 N.W. 9TH STREET, PLANTATION, FL 33317 | |
| ATTENTION: STEVEN VECCHITTO | |
| | · |
| REAL ESTATE DEVELOPMENT | • |
| Quene | |
| Signature of a member or an (In accordance with section 608.408(3) | authorized representative of a member. F.S., the execution of this document constitutes enjury that the facts stated herein are true.) |
| NEIL ROLLNICK | • |
| Typed or print | ed 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 Liabilit | ty Company is: | |
|-----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| ADVENIR WI | NDSOR MIRAMAR GP, L | LLC | |
| 2. The name | and the Florida street a | address of the registered agent and office are: | |
| | NEIL ROLLNICK | | |
| | <u>-</u> | (Name) | |
| 2525 PONCE DE LEON BOULEVARD, SUITE 400 | | | |
| | Florida S | Street Address (P.O. Box NOT ACCEPTABLE) | |
| | MIAMI | FL 33134 | |
| | | City/State/Zip | |
| liability compagent and again relating to the | oany at the place designa ree to act in this capacit e proper and complete p | ent and to accept service of process for the above stat ated in this certificate, I hereby accept the appointmenty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and the agent as provided for in Chapter 608, Florida Stat | nt as registered I statutes 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)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVENIR WINDSOR MIRAMAR 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 EIGHTEENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENIR" WINDSOR MIRAMAR GP, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2005.

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

Warriet Smith Hindson Harriet Smith Windson, Secretary of State

DATE: 05-18-05

AUTHENTICATION: 3888802

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