vision of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000197291 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

From:			
Account Name	: C T CORPORATION	System	
Account Number	* (880)222-1082		
Est Moupet	: (850) 878-5926		
200000000000000000000000000000000000000		atic green 7 end	እ የደ <i>ለ</i> ምን
FOREIGN L	IMITED LIAF	BILITY CO)MI
FOREIGN L	IMITED LIAF DDR Homestead	BILITY CO)MI
FOREIGN L	IMITED LIAF DDR Homestead ate of Status	ILITY CO)MI
FOREIGN L	IMITED LIAR DDR Homestead ate of Status d Copy	ILITY CO	MI
Account Name Account Number Phone Fax Number Certifica Certifica Page Co Estimate	IMITED LIAR DDR Homestead ate of Status d Copy ount	BILITY CO	

Electronic filling Menu

Compands Filing

Build Access Hale

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: DDR HOMESTEAD LLC				
		ne of Limited Liability Con	npany)	_	
Florida	closed "Application by Foreign Li ," Certificate of Existence, and ch y company to transact business in	eck are submitted to registe			
Picase	return all correspondence concern	ing this matter to the follow	ving:		
		RENEE CRUZ			
		(Name of Person)			
		C T CORPORATION SYSTEM	м		
		(Firm/Company)		<u></u>	
		1300 EAST 91H STREET		O5 TAI	
		(Address)	4	AUG	8
				HA 6-	Carried St.
		CLEVELAND, OHIO 44114			. स.स् ट्र ी
		(City/State and Zip Code)			
For fur	ther information concerning this m	natter, please call:		AN 8: 2 EE, FLORI	\\
	RENEE CRUZ	at (216)	621-4270	DA DA	
	(Name of Person)	(Area Code &	2 Daytime Telepho	ne Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		Registra: Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, Florida 32314		
Enclos	ed is a check for the following amo	ount:			
	口\$125.00 Filing Fec 数\$130,00 Fil Ce			illing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

[Name of Foreign Limited Liability Company]

2. Delaware
[Jurisdiction under the law of which foreign limited liability company is organized]

[FEI number, if applicable]

4.	(Date of Organization)	perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	upon registration (Date first transacted business i	n Florida, if prior to registration.) F.S. to determine penalty liability)
		F.S. to determine penalty liability)
7.	3300 Enterprise Parkway	
	Beachwood, OH 44122	

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

CDECRE, Inc.

c/o Chicago Deferred Exchange Corporation

135 South LaSalie Street, Suite 1940, Chicago Illinois 60603

(Street Address of Principal Office)

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official baving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixelign language, it translation of the certificate under each of the translation must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: The purpose of the limited liability company is to own, operate, manage and sell, directly or indirectly, real property and related improvements.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the first good herein are true.)

Jennifer Hardy

Typed or printed name of signee

TLOST - DE/03/64 C T Bysion Orline

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 Li	imited Liability Comp	any is:				
DDR Homestead LLC						
2. The name and the	Florida street address	of the registered a	gent and office are:			
	ст	Corporation System				
		(Name)				
		South Pine Island Ro				
	Florida Street Add	ress (P.O. Box NOT	(ACCEPTABLE)			
	Plantation	FL	33324			
•		City/State/Zip		_		
By: Comin	e place designated in th in this capacity. I furti and complete performa	his certificate, I he her agree to compi nce of my duties, a	reby accept the appoint by with the provisions a and I am familiar with	niment as registere of all statutes (*) and accept the	05 AUG 17 AM 8: 22	The state of the s
	\$ 100.00 \$ 25.00		Registered Agent			
	\$ 30.00	Certified Copy	(optional)			

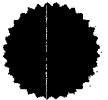
\$ 5.00 Certificate of Status (optional)



PAGE 1

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBEY CERTIFY "DUR HOMESTRAD 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 SEVENTEENTH DAY OF AUGUST, A.D. 2005.

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



Varriet Smith Hindson, Sacretary of State

4016250 8300

050678831

AUTHENTICATION: 4097722

DATE: 08-17-05