

M05060004836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

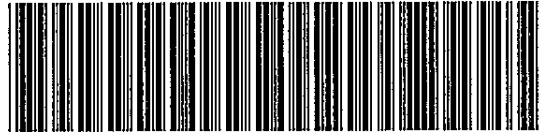
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05 AUG 31 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 571648 7157078  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 130.00

FILED  
05 AUG 31 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 30, 2005

ORDER TIME : 9:04 AM

ORDER NO. : 571648-005

CUSTOMER NO: 7157078

CUSTOMER: Ms. Jennifer R. Mulvaney  
Centrum Properties Inc.  
4th Floor  
225 West Hubbard Street  
Chicago, IL 60610-4416

FOREIGN FILINGS

NAME: CENTRUM AT THE TIDES, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

FILED  
05 AUG 31 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Centrum at the Tides, L.L.C.  
(Name of Foreign Limited Liability Company)
2. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-3318143  
(FEI number, if applicable)
4. August 15, 2005  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 225 West Hubbard, 4th Floor  
Chicago, IL 60610  
(Street Address of Principal Office)
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:  
See attachment.
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having 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 foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate  
Development.

Mary Koberstein  
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 facts stated herein are true.)  
Mary Koberstein

Typed or printed 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 Liability Company is:

Centrum at the Tides, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/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.*

Corporation Service Company

By: 

(Signature)

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

AUG-30-2005 TUE 03:53 PM CORP SERV CO

FAX NO. 2174922793

P. 04

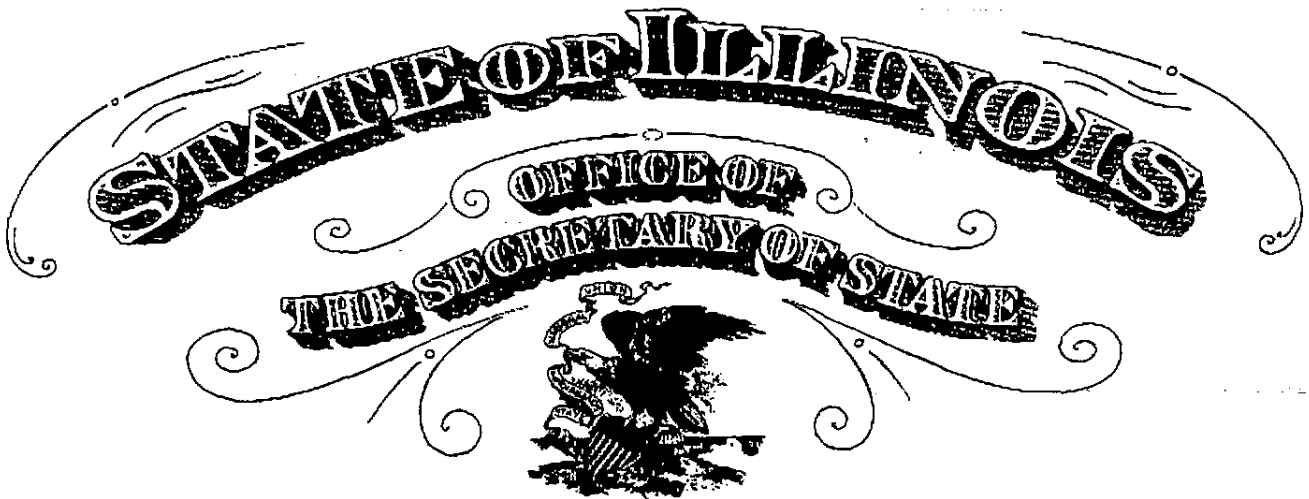
Attachment 1  
To  
Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida for  
Centrum at the Tides, L.L.C., an Illinois limited liability company

Managers:

Arthur Slaven, 225 West Hubbard Street, 4<sup>th</sup> Floor, Chicago, IL 60610  
John McLinden, 225 West Hubbard Street, 4<sup>th</sup> Floor, Chicago, IL 60610  
Laurence Ashkin, 225 West Hubbard Street, 4<sup>th</sup> Floor, Chicago, IL 60610  
Mary Koberstein, 225 West Hubbard Street, 4<sup>th</sup> Floor, Chicago, IL 60610

File Number

0159680-2



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CENTRUM AT THE TIDES, L.L.C.,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 15, 2005,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this*  
*day of* **AUGUST** **15TH** **2005** **A.D.**

*Jesse White*

SECRETARY OF STATE