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FOREIGN LIMITED LIABILITY COMPANY

Hometown Cloverleaf Phase II, L.L.C.

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Homerown Cloverleaf Phase II, L.L.C.	
(Name of Foreig	n Limited Liability Company)
Delaware (Jurisdiction under the law of which foreign limits company is organized)	3. 36-4196688 (FEI number, if applicable)
November 17, 2005 (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	siness in Florids, if prior to registration.) 508,502 F.S. to determine penalty limbility)
c/o Hometown America, L.L.C., L50 North Wack	zr Drive, Suite 2800, Chicago, Illinois 60606
•	set Address of Principal Office)
If limited liability company is a manager	-managed company, eneck nere
. The name and usual business addresses of	of the managing members or managers are as follows: $\stackrel{\text{No. Sol.}}{=}$
Hometown America, L.L.C., 150 North Wacker	r Drive, Suite 2800, Chicago, Ilinois 60606
ustody of records in the jurisdiction under the la	e, no more than 90 days old, duly authenticated by the official having it were of which it is organized. (A photocopy is not acceptable. If the certifical certificate under eath of the translator must be submitted.)
1. Nature of business or purposes to be con	nducted or promoted in Florida: Transaction of all lawful
business.	
Mun	Redin
(In accordance with section	er or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes haldes of perjury that the facin stated heroin are true.)

Melissa A. Posten, Hometown America, L.L.C.

Typed or printed name of signee

CT CORP

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:

Hometown Cloverleaf Phase II, L.L.C.		_
2. The name and the Florida street address of the registered agent and office are:		35.5
C T Corporation System	- 56±	\sim
(Name)		
1200 South Pine Island Road	. 25 15 15 15 15 15 15 15 15 15 15 15 15 15	÷
Florida Street Address (P.O. Box NOT ACCEPTABLE)		=
Plantation, Florida 33324		
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.

Lauren Fromen Assistant Secretary

> Filing Fee for Application \$ 100.00 25.00

Designation of Registered Agent

30.00 Certified Copy (optional)

Certificate of Status (optional). 5.00

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO REPERY CERTIFY "MOMETOWN CLOVEDLEAF PRASE II, L.L.C." 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 SEVENTERNIH DAY OF NOVEMBER, A.D. 2005.

050938621

DATE: 11-17-05

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