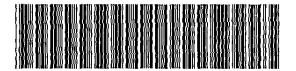
# m06000002475

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Office Use Only	



400071566944



ACCOUNT NO.	: 072100000032
REFERENCE	: 075785 7477555
AUTHORIZATION	: Spulleran
COST LIMIT	: [\$ 125.00
ORDER DATE: May 1, 2006	Ser Jo
ORDER TIME : 8:43 AM	PA PA
ORDER NO. : 075785-025	100 TATE 18
CUSTOMER NO: 7477555	
FOREIGN F	<u>ILINGS</u>
NAME: SPRINGS RETAI	L, LLC
XXXX QUALIFICATION (TYPE: L	<u>L</u> ) -
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
XX PLAIN STAMPED COPY	· -
CONTACT PERSON: Pollye Janiss	e EXT# 2954

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Springs Retail, LLC	
(Name of Fore	eign Limited Liability Company)
Delaware	3 42-0127290
(Jurisdiction under the law of which foreign limicompany is organized)	nited liability (FEI number, if applicable)
May 1, 2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification	Pop .
(Date first transacted I (See sections 608.501 &	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)
801 Grand Avenue	To the second se
	7
Des Moines, Iowa 50392	
(S	Street Address of Principal Office)
	s of the managing members or managers are as follows:
The name and usual business addresses  Member:	s of the managing members or managers are as follows:
The name and usual business addresses	s of the managing members or managers are as follows:
The name and usual business addresses  Member:	s of the managing members or managers are as follows:
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  Attached is an original certificate of existence, no	or more than 90 days old, duly authenticated by the official having custody of recold. (A photocopy is not acceptable. If the certificate is in a foreign language, a
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  D. Attached is an original certificate of existence, no e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translate	or more than 90 days old, duly authenticated by the official having custody of recold. (A photocopy is not acceptable. If the certificate is in a foreign language, a
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  D. Attached is an original certificate of existence, no e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translate	or more than 90 days old, duly authenticated by the official having custody of recold (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted)
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  D. Attached is an original certificate of existence, no e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translate	or more than 90 days old, duly authenticated by the official having custody of recold (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted)
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  Attached is an original certificate of existence, no e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translate.  Nature of business or purposes to be of	omore than 90 days old, duly authenticated by the official having custody of record (Aphotocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted)  conducted or promoted in Florida:  To own real estate
The name and usual business addresses  Member:  Principal Life Insurance Company, for its Pri  711 High Street, Des Moines, Iowa 50392  Attached is an original certificate of existence, no ejurisdiction under the law of which it is organized anslation of the certificate under oath of the translate.  Nature of business or purposes to be of Signature of a mem (In accordance with section)	or more than 90 days old, duly authenticated by the official having custody of recold (A photocopy is not acceptable. If the certificate is in a foreign language, a tor must be submitted)

Typed or printed name of signee

Springs Retail, LLC, a Delaware limited liability company

By: Principal Life Insurance Company, an Iowa corporation, for its Principal U.S. Property Separate Account, its Member

By: Principal Real Estate Investors, LLC, a Delaware limited liability company, its authorized signatory

By: Its:

MARY E. SCHWARZE, Counse

By: Its:

**Vice President & Senio** <del>Investment Counsel</del>

#### 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:

Springs Retail, LLC		<u> </u>		* * * *	
2. The name and the F	orida street address of the	registered agent an	d office are:		
Corpor	ation Service Company		n at	a s <sub>e</sub> e ÷	
	(N	ame)		<del></del>	·
1201 H	ays Street	. <b>.</b>	جريور ودريد		<u></u>
	Florida Street Address (P.	O. Box NOT ACCEPT	ABLE)	- <del></del> -	
Tallahas		FL 32301 y/State/Zip	<u>-</u>	<u>.                                    </u>	1.2
	Cji	y/ States Exp			
liability company at the agent and agree to act is relating to the proper as	- 71 , 1	tificate, I hereby ac ree to comply with i my duties, and I an	cept the appo the provision t familiar wit	pintment as reg s of all statute th and accept t	gistered s
	ignature) Deborah	D. Skippe J. Pres.	-		

\$ 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 "SPRINGS RETAIL, 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 SECOND DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRINGS RETAIL, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2006.

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



Warriet Smith Mindson
Harriet Stroith Windson, Secretary of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4712508

DATE: 05-02-06