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DEPARTMENT OF CORPORATIONS:

AHASSEE FLORIDATALLAHASSEE, FLORI

CORPDERECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTA	CT:
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TRACY SPEAR

DATE:

12/13/06

REF. #:

000638.61355

Examiner's Initials

CORP. NAME: CABOT OAK GROVE ASSET MANAGER LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION			
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME			
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY			
() REINSTATEMENT	() MERGER	() WITHDRAWAL			
() CERTIFICATE OF CANCELLATION					
() OTHER:					
STATE FEES PREPAID WITH CHECK# 5/9422 FOR \$ 160.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
COST LIMIT: \$					
PLEASE RETURN:					
(XX) CERTIFIED COPY	(XX) CERTIFICATE OF GOOD STA	ANDING () PLAIN STAMPED COPY			

ALLANASSE PARISA

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

SFORE STATE OF THE IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L CABOT OAK GROVE ASSET MANAGER LLC (Name of Foreign Limited Liability Company) 2. DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. PERPETUAL 4 12/7/2006 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. December 13, 2006 (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 7 55 5th Avenue, 13th Floor, New York, NY 10003 (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: Cabot Investment Properties, LLC, Manager - 55 5th Avenue, 13th Floor, New York, NY 10003 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 investment. 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.) Rebecca Baldwin, Authorized Representative

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.

The name of the Limited Liability Company is:	
BOT OAK GROVE ASSET MANAGER LLC	<u>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</u>
The name and the Florida street address of the registered agent and office are:	
NATIONAL CORPORATE RESEARCH, LTD., INC.	
(Name)	
515 East Park Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, Florida 32301	
Ciry/State/Zip	
ving been named as registered agent and to accept service of process for the above state bility company at the place designated in this certificate, I hereby accept the appointmenent and agree to act in this capacity. I further agree to comply with the provisions of all ating to the proper and complete performance of my duties, and I am familiar with and a ligations of my position as registered agent as provided for in Chapter 608, Florida State NATIONAL CORPORATE RESEARCH, LTD., INC.	it as registered 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 "CABOT OAK GROVE ASSET MANAGER 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 THIRTEENTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT OAK GROVE ASSET MANAGER LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2006.

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



Harriet Smith Windsor, Secretary of State

D/ AUTHENTICATION: 5273067

DATE: 12-13-06

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