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FLORIDA/FOREIGN LIMITED LIABILITY

Crescent Hotels & Resorts, LLC

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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 POREIGN LIMITED LIBRILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Crescent Hotels & Resorts L	LC		
	(Name of Foreign L	imited Liability Company)	
Delaware		3. 45-0471621	
(Jurisdiction under the law of company is organized)	which foreign limited li	ibility (FEI number, if applicable)	
08/31/2006		5. Perpetual	
(Date of Organ	ization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
(Da (Seci	te first transacted busine sections 608,501 & 608.	ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)	
10306 Eaton Place, Suite 15	i0 , Feirfax, VA 22030		
			
	(Street I	ddress of Principal Office)	
		₹.	· =
If limited liability compa	any is a manager-ma	naged company, check here	
7000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			တ္တံ 🛌
The name and usual bus	mess addresses of th	e managing members or managers are as [6]	dws:≥ = F
Michael George	INDAY F	the Place could (50) S	5 = 1
FIICHARY GERICK	10306 1	aton Place Surk (50) Si	<u></u>
		1.00000 VA 22028	77 <i>P</i> 8
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		<u>··</u> <u>~_</u>	40
		, · · · · · · · · · · · · · · · · · · ·	<u>ر ۱۳۰</u>
		nea 90 days old, duly authenticated by the official havin	
		otocopy is not acceptable. If the certificate is in a fireig	n Janguage, a 🔻
elation of the certificate under o	with of the translator must	be submitted.)	•
Manusa of husinana as a		and the second to the second to	
Mature of positiess of b	inflorer to be continu	ted or promoted in Florida:	
Hotel management	(/	10	_
	Vich VI	4	
Signa	pare of a member or	an authorized representative of a member.	
(Le acqu	ordance with section 408.40	8(3), P.S., the execution of this document constitutes	
an affi	1 A 2	of perjury that the facts stated herein are true.)	
		nach Groven, Manager	
	Typed or p	rinted name of signee	

FLRS7 - 02/65/2006 C TFiling Menager Coline

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:	TAGE 21	
Croscent Hotels & Reserts LLC	ALL SEC	
2. The name and the Florida street address of the registered agent and office are:	JAN 11 RETARY AHASSE	
C T Corporation System (Nams)	A 11: 07 OF STATE E. FLORID	C
1200 South Pine Island Road		
Florida Street Address (P.O. Bux NOT ACCEPTABLE)		
Plantation FL 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.

By: Asst. Secretary & V. President

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

FL057 - 02/03/2006 C T Filing Name of Oction

Delaware

DACE :

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRESCENT HOTELS & RESORTS, 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 PIFTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESCENT HOTELS & RESORTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2006.

4213444 8300 070014708



Warriet Smile Hinden

AUTHENTICATION: 5330690

DATE: 01-05-07