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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DOUGLAS ENTRANCE, LLC

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

(Date first transacted business in Florida. c/o Colonnade Properties, LLC, 380 Lexingt	3. 5. QUALIFICAT (See sections 60	(FEI num Perper (Duration: Year to exist or "perper	limited liability comp ctual")	eny will cess
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c/o Colonnade Properties, LLC, 380 Lexing. (Site		iro 710 Nove Vorle	NY 10146K	- 1
	et address of pr	rincipal office)	SER -	
		```	EE ~ 6	
Limited liability company is member-managed.			ਜ਼੍ਹੀਜ਼ੀ <b>&gt;</b> "	#
The name and usual business addresses of the managi	ng members or	managers are as fol	lows: ORAT	<b>O</b>
THE HOUSE WITH STATE STA			공음 <i>=</i>	
HCI/ Colonnade Douglas, L		L NR/ 101/0	βin ω	
380 Lexington Avenue, Suit	e /10, New Yo	MK, NY 10168		
Attached is an original certificate of existence, no mor	o than OO days	ald duly authorities	stad butha official have	ina metadu a
records in the jurisdiction under the law of which it is	organized. (A	photocopy is not ac	ceptable. If the certifi	ong castody of cate is in a
foreign language, a translation of the certificate under	oath of the tran	slator must be subr	nitted.)	
				James affilia
Nature of business or purposes to be conducted or pro State of Florida	moted in Florid	ia: <u>Anv iawini bu</u> :	siness permitted by the	HAWS OF THE
State Of Frontier				
Signature of an authorized rep	resentative of a	member.		
(In accordance with section 60				
document constitutes an affirm that the facts stated herein are		e penalties of perju	<b>.</b> y	•
mat the facts stated herean are	nue.}			
HCI/Colonnade Douglas, L.P.	., sole Member			
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By: Doughty GF 3FF, Inc., 10	General Parch	C1		
By: 44 1				
THE PHONE				
000069964) The Executive Vice Pi	resident			

Typed or printed name of signee

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, PLORIDA 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:						
	DOUGLAS ENTRANCE, LLC						
2.	The name and the Florida street address of the registered agent and office are:						
Arrigo T	CT CORPORATION SYSTEM (Name)  1200 S. Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE  Plantation, FL 33324 City/State/Zip	2001 MAR 16 A 9: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
compa act in t perfort	g been named as registered agent and to accept service of process for the above my at the place designated in this certificate, I hereby accept the appointment as regis this capacity. I further agree to comply with the provisions of all statutes relating to mance of my duttes, and I am familiar with and accept the obligations of my position and for in Chapter 608, F.S.	tered agent and the proper and	l agree to complete				
CT CC	DRPORATION SYSTEM						
By Nar Titl	* * * * * * * * * * * * * * * * * * *						
	Registered Agent						

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# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOUGLAS ENTRANCE, 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 SIXTEENTH DAY OF MARCH, A.D. 2007.

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AUTHENTICATION: 5513749

DATE: 03-16-07