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ACCOUNT NO. : 072100000032 REFERENCE : 816608 4355829 AUTHORIZATION COST LIMIT ORDER DATE: March 22, 2007 ORDER TIME : 12:20 PM ORDER NO. : 816608-015 CUSTOMER NO: 4355829 FOREIGN FILINGS NAME: PRAM/LAKE MARY RE, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Debbie Skipper -- EXT# 2948

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PRAM/Lake Mary RE, LLC				Dec.	The of
(Name of Foreign Li	nited Liability (Company)		52	1/2
Delaware	3.			£ 2	, W
(Jurisdiction under the law of which foreign limited lia company is organized)	oility	(FEI nu	mber, if applicabl	le) Or	79.7
03/21/2007	5. Perpo				20
(Date of Organization)	(Dur exist	ration: Year limit t or "perpetual")	ed liability compa	any will cease to	OR P
n/a					7
(Date first transacted busines (See sections 608 501 & 608 5	s in Florida, if p 02 F.S. to deterr	orior to registration mine penalty liab	on.) ility)		_
10 Woodbridge Center Drive, Woodbridge, New Jers	•				
(Street A	dress of Princip	pal Office)			_
				ollows:	
If limited liability company is a manager-ma The name and usual business addresses of the Alexander C. Markowits				ollows:	
The name and usual business addresses of the				ollows:	
The name and usual business addresses of the Alexander C. Markowits				ollows:	
The name and usual business addresses of the Alexander C. Markowits 10 Woodbridge Center Drive	managing man	nembers or ma	nagers are as fo	ring custody of re	
The name and usual business addresses of the Alexander C. Markowits 10 Woodbridge Center Drive Woodbridge, New Jersey 07095 Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A ph	an 90 days old, obtocopy is not accessibmitted.)	nembers or ma duly authenticated coeptable. If the co	nagers are as for	ring custody of re eign language, a	
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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.

1. The name	of the Limited Liability Co	ompany is:	
PRAM/Lake M	ary RE, LLC		
2. The name	and the Florida street addr	ess of the registered agent and office	e are:
	Corporation Service Compa	any	
		(Name)	Parameter Control of C
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	**************************************
liability compa agent and agre relating to the obligations of	my at the place designated se to act in this capacity. I proper and complete perfo	nd to accept service of process for the in this certificate, I hereby accept the further agree to comply with the prov rmance of my duties, and I am familio gent as provided for in Chapter 608, I	appointment as registered visions of all statutes ar with and 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)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAM/LAKE MARY RE, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAM/LAKE MARY RE, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2007.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5531995

DATE: 03-23-07

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