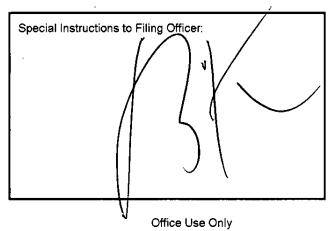
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
,				
(Document Number)				
Certified Copies Certificates of Status				





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

07 APR 27 AM 10: 42



CT 1203 Governors Square Blvd. Tatlahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

OTAPRAZI AMO: 12

April 27, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6911811 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

One Turnberry Place Associates Parent, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com



TALLAHASSEL TO

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

IN COMPLIANCE WITH SECTION 6085B, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ONE TURNBE	RY PLACE ASSOCIATES		bility Company)
B.J	(I tunes of For	. Andrew or in the second or in	58-1774854
Delayare (Jurisdiction undecompany is organi	the law of which foreign lin	तोच् <u>त्र गिवनिर्धि</u> पु	(FH! number, if applicable)
	04/26/2007 ste of Organization)	•	perpetual
(Di	te of Organization)	′	(Duration: Year limited liability company will cease to exist or "perpenual")
	(Date first transacted	business in Flor	da, if prior to registration) o determine penalty liability)
19501 Bis	•		Aventura, Florida 33180
		Street Address of	Principal Olfice)
If limited liab	ility company is a manag	ger-managed c	ompany, check here
The name and	usual business addresse	s of the mana	ging members or managers are as follows:
Turnberry Rets	it Holding, L.P.		
19501 Biscayae	Boulevard, Suite 400		
Aventure, Flori	da 33180		
in a foreign lan Nature of bu	in the jurisdiction under the guage, a translation of the siness or purposes to be	e law of which i be cortificate t	an 90 days old, duly authenticated by the official having t is organized (A photocopy is not acceptable. If the certainder oath of the translator must be submitted.) promoted in Florida:
commercial real	istate development		
		/\/	\
	Signature of a men (In accordance with section an affirmation under the	nber or an auti on 608 408(1). F & pensities of berju	norized representative of a member , the manufact of this document constitutes y that the facts stated barein are true)
	Jacquelyn Soffe	r <u> </u>	
	Tvr	ed 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 Company is:
ONE TURNBERRY PLACE ASSOCIATES PARENT, LLC
2. The name and the Florida street address of the registered agent and office are:
C T Corporation System
(Name)
1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation, Florida 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:

(Signature)

STEVEN P. ZERSTER

SPECIAL ASSISTANCE SECRETARY

\$ 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 :

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE TURNBERRY PLACE ASSOCIATES PARENT, 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-SIXTH DAY OF APRIL, A.D. 2007.

4341675 8300 070484373



Variet Smile Hindson

Harriet Smith Windsor, Secretary of Sta AUTHENTICATION: 5628917

DATE: 04-26-07