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BTI Wellington LLC

LORIDA/FOREIGN LIMITED LIABILITY CO.

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

IN LŽI	COMPLIANCE WITH SECTION SOLVED, FLERIDA STRUCTES, THE PULLDMING IS SUBMITTED TO REGISTER A PL WITEDILABILITY COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:	JKMGN	
ì.	BTI Wellington LLC	_	
-	(Name of Foreign Limited Lishihity Company)	•	
2.	Delaware 3.		
1	(furlishing under the law of which foreign limited liability (FBI number, if applicable) company is argunized)	-	ek ele
4.	June 1, 2007 S. Perpetual		
	(Date of Organization) (Denation: Year similed liability company will cease to exist or "perpetual")	-	-
5.			
	(Date tirst transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	•	
7.	cio Prudential Real Estate Investors, Pramerica Property Funds, Two Ravinia Drive, Suite 400, Atlanta, GA 3	10346	
	Attention; Asset Manager	-	
	[Street Address of Principal Office)	-	•
8.	If limited liability company is a manager-managed company, check here		
Q.	The name and usual business addresses of the managing members or managers are as follows:		
	Prudential investment Management, Inc. c/o Prudential Resi Estate Investors	• •	•
		<u>-</u>	ه. د - روده ر
	8 Campus Drive, Parsippany, NJ 07045, Attn: James Marinello	•	
	·	-	11/4/17/17/17
10.	. Attached is an original confinents of societies, no more than 90 days old, duly suthenticated by the official havin	na .	
cus	stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable, if the in a foreign language, a translation of the certificate under eath of the translator must be submitted.)	estificate	
214- 4	as a society and confer a massimum of the contributed mater come of the district district permittent.)		= .
11.	. Nature of business or purposes to be conducted or promoted in Florids:		•
	Real Estate Investment	_	·
	AA-PA		
	Tile Eldar 1)		
	Signature of a member or an authorized representative of a member. (In accordance with section 608 408(3), F.E., the reneation of this document constitutes an affirmation under the penalties of perjury that the facts white herein see true.)	07、	SIAIC
	Peter Eckers, Vice President of Corporation, Sole Member	TIT	<u> </u>
	Typed or printed name of signee	24	으로~
		ŧ-	222
		AH	(유유 유 도 유
LOTT	- Soughts to T Signer Tecture		£s,
		9: 3	<u> </u>
		39	£_

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:

BTI Wellington LLC

ne alternate name to i	be used in the state (of Florida is:		
lorida street address	of the registered ag	ent and office are:		
c:	I Corporation System			
	(Name)		- 45-	
1200 South Pine Island Road			The state of the second of	
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Plantation	FL	33324		
	City/State/Zip		•	
place designated in t in this capacity. I fur nd complete perform	this certificate, I here ther agree to comply ance of my duties, an	by accept the appoi with the provisions d I am familiar with	ntment as registered of all statutes and accept the	
\$ 25.00	Designation of R Certified Copy (e	Registered Agent	DIVISION OF LORPE DIVISION OF LORPE	
	Plantation Plantation Plantation registered agent and place designated in this capacity. I furnid complete performs on as registered agent poration System Signature \$ 100.00 \$ 25.00 \$ 30.00	C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT A Plantation FL City/State/Zip registered agent and to accept service of place designated in this certificate, I here in this capacity. I further agree to comply and complete performance of my duties, and on as registered agent as provided for in (Imporation System Signature) \$ 100.00 Filling Fee for Agent S 25.00 Designation of F	(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL City/State/Zip registered agent and to accept service of process for the above place designated in this certificate, I hereby accept the appoint in this capacity. I further agree to comply with the provisions and complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, Floridation System Signature Signature	



The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HERBBY CERTIFY "BYT WELLIEGYON LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO TAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2007.

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

070686131



Harriet Smith Windsor, Socretary of State

AUTHENTICATION: 5739562

DATE: 06-07-07