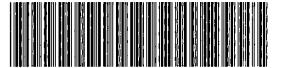
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TALLAHASSEE, FI ORIGA



ACCOUNT NO. : 072100000032

REFERENCE: 023743 4312639

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: July 24, 2007

ORDER TIME : 3:57 PM

ORDER NO. : 023743-055

CUSTOMER NO: 4312639

FOREIGN FILINGS

NAME: CENTRO NP MIAMI GARDENS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

APPECATION 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:

Centro NP Miami Gardens, LLC	
(Name of Foreign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the pure sent of the managers or managing members adopting the	urpose of transacting business in Florida and attach a copy of the writter alternate name. The alternate name must include 'Limited Isbility
mpany," "L.L.C.," "LLC.")	星質 ~
Delaware	
Jurisdiction under the law of which foreign limited liabili ompany is organized)	3. 26.0500/20 (FEI number, if applicable)
July 9, 2007	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_	
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
420 Lexington Ave., 7th Floor, New Yor	rk, NY 10170
(Street Addr	ress of Principal Office)
If limited liability company is a manager-manage	ged company, check here
The name and usual business addresses of the m	nanaging members or managers are as follows:
Centro NP LLC, 420 Lexington Ave., 7t	h Floor New York NV 10170
Collidata Libe, 420 Lexington Ave., 71	11 1001, 14CW 101R, 141 10170
Attached is an original certificate of existence, no more than	90 days old, duly authenticated by the official having custody of records in
unisdiction under the law of which it is organized. (A photo	copy is not acceptable. If the certificate is in a foreign language, a
ation of the certificate uncler oath of the translator must be s	abmitted.)
Nature of business or purposes to be conducted	d or promoted in Florida
_	
Ownership, operation and management of	f shopping centers and related activities.
Signature of a member or an	authorized representative of a member.
(in accordance with section 608.408(3) an affirmation under the penalties of r), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Steven Siegel	

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.

If name unavailable, the alternate name to b	be used in the state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are:	
Corporation Service Co	ompany	
	(Name)	
1201 Hays Street		
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	•
	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.

Corporation Service Company
BY: Man R. Shilling, Asst. V.P.

\$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 "CENTRO NP MIAMI GARDENS, 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-FOURTH DAY OF JULY, 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 "CENTRO NP MIAMI GARDENS, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2007.



Harriet Smith Window Sagustan of State

Harnet Smith Windsor, Secretary of State

AUTHENTICATION: 5867486

DATE: 07-24-07