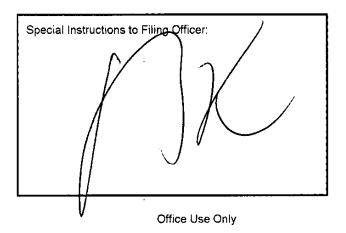
M 070000045 21

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

۲,





800105342148



ACCOUNT NO. : 072100000032

REFERENCE : 032033

4348715

AUTHORIZATION

COST LIMIT

ORDER DATE: July 30, 2007

ORDER TIME : 1:09 PM

ORDER NO. : 032033-005

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: P 7 850 TRAFALGAR LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

AIDCAROND	TRANSACT BUSI	NESS IN FLORIDA	,
	SECTION 608.503, FLORIDA STATUTES ANYTO TRANSACT BUSINESS IN THE S	S, THE FOLLOWING IS SUBMITTED TO RECEIVED A FORE	<i>IG</i> ∧ 3
1 P 7 850 Trafalga		T. J.	6
1	(Name of Foreign Limited Li	ability Company)	
2. Delaware	-	ing.	V.
(Jurisdiction under the I company is organized)	aw of which foreign limited liability 3.	(FEI number, if applicable)	5. 5.
4. July 25, 2007 (Date of	Organization) 5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	OF P
6	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S., t	da, if prior to registration.)	
	ue, 36th Floor, New York, N	• • •	
8. If limited liability of	(Street Address of	Principal Office) ompany, check here	
	c/o The Praedium Group, L	ging members or managers are as follows: LC, 825 Third Avenue, 36th Floor,	
the jurisdiction under the law translation of the certificate v 11. Nature of business real estate invest	v of which it is organized. (A photocopy inder eath of the translator must be submit or purposes to be conducted or purposes. Way M. J. Signature of a member or an auth (In accordance with section 608,408(3), F.S. an affirmation under the penalties of perjury.	orized representative of a member.	s in
	Wayne M. Lopkin		
	Typed or printed n	ame 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:
P 7 850 Tr	afalgar LLC
2. The name	and the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301
	Ciry/State/Zip
liability comp agent and agr relating to the obligations of	named as registered agent and to accept service of process for the above stated limited pany at the place designated in this certificate, I hereby accept the appointment as registered ree to act in this capacity. I further agree to comply with the provisions of all statutes a proper and complete performance of my duties, and I am familiar with and accept the fmy position as registered agent as provided for in Chapter 608, Florida Statutes. Asst. Vice President

\$ 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 "P 7 850 TRAFALGAR 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 THIRTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P 7 850 TRAFALGAR LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2007.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5883716

DATE: 07-30-07

4395954 8300 070866631