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ACCOUNT NO. : 072100000032 REFERENCE: 269092 7172389 AUTHORIZATION ORDER DATE: October 11, 2007 ORDER TIME : 3:04 PM ORDER NO. : 269092-035 CUSTOMER NO: 7172389 FOREIGN FILINGS NAME: SUNSHINE SQUARE RETAIL, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Kelly Courtney -- EXT# 2916

TO ON THE PROPERTY OF THE PARTY 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Sunshine Square Retail, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2 Delaware (Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized) 4 October 11, 2007 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6 upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 801 Grand Avenue Des Moines, IA 50392 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Principal Life Insurance Company 801 Grand Avenue Des Moines, IA 50392 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to own and operate commercial real estate Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Typed or printed name of signee

See attached

Signature Page to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

MEMBER

Principal Life Insurance Company, an Iowa corporation, for its Principal U.S. Property Separate Account

By:

Principal Real Estate Investors, LLC, a Delaware limited liability company, its authorized signatory

By: Its:

MARY E, SCHWARZE, Courisel

By: Its:

DENNIS D. BALLARD, Counsel

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 Com	pany is:
Sunshine S	quare Retail, LLC	
If name unav	ailable, the alternate name to	be used in the state of Florida is:
2. The name	and the Florida street address	s of the registered agent and office are:
	Corporation Service C	Company
		(Name)
	1201 Hays Street	
	Florida Street Ac	dress (P.O. Box NOT ACCEPTABLE)
	Tallahassee	_{FL} 32301
		City/State/Zip
liability compagent and agreed the control of the c	vany at the place designated in ree to act in this capacity. I fin e proper and complete perform	I to accept service of process for the above stated limited this certificate, I hereby accept the appointment as register ther agree to comply with the provisions of all statutes tance of my duties, and I am familiar with and accept the nt as provided for in Chapter 608, Florida Statutes. Brian Courtney Asst. V. Pres.
	# 100 O	TOTAL TO BE A TO ALL
/	\$ 100.00 \$ 25.00	
	\$ 30.00	Certified Copy (optional)
	\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUNSHINE SQUARE RETAIL, 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 ELEVENTH DAY OF OCTOBER, 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 "SUNSHINE SQUARE RETAIL, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2007.

4439014 8300 071107477 Varriet Smith Windson, Secretary of State

Trainer Small Wildest, Secretary or S

AUTHENTICATION: 6067701

DATE: 10-11-07