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To:

Division of Corporations

Fax Number ; (850)617-6383

Prom:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone ; (850)521-1000

Fax Number 1 (850)558-1575

## ORIDA/FOREIGN LIMITED LIABILITY CO.

### CUTLER RIVERSIDE PRESERVATION GP II, LLC

Certificate of Status			0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Cutler Riverside Pres (Name of Foreign Limited		e "Limited Liability Company," "L.L.C.," or "LLC.")	
		e of transacting business in Florida and attach a copy of the vale name. The alternate name must include "Limited Liabili	
Delaware	3.	PENDING	
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI number, if applicable)	
October 16, 2007		December 31, 2057	
(Date of Organ	zation)	(Duration: Year limited liability company will cease to exist or "perpetual")	
. ————————————————————————————————————	s first transacted business in Plori	ida, if prior to registration.)	5
(See s	ections 608,501 & 608,502 F.S. t	o determine penalty liability)	07 001 1
60 Columbus Circle			-
New York, NY 1002			-
	(Street Address of	Principal Office)	;
If limited liability compa	ny is a manager-managed c	ompany, check here	;
The name and usual busi MEMBER:	ness addresses of the manag	ring members or managers are as follows:	
RAP FL 6, LLC, 60	Columbus Circle, New	York, NY 10023.	
e jurisdiction under the law of wh		vs old, duly authenticated by the official having custody of recor s not acceptable. If the certificate is in, a foreign language, a ted.)	rds in
l. Nature of business or pu	uposes to be conducted or p	romoted in Florida: real estate investment.	•
	hwar:		
(In acco	ure of a member or an author	orized representative of a member. the execution of this document constitutes	

Michael H. Orbison, Authorized Person

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.

1. The name	e of the Limited Liability Co	ompany is:					
Cutler Riverside Preservation GP II, LLC							
If name unav	vailable, the alternate name	to be used in the state of Florida is:					
2. The name	and the Florida street addre	ess 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					
		City/State/Zip					
liability compogent and agriculting to the obligations of Corporation	any at the place designated it ee to act in this capacity. I fi proper and compl <u>ete p</u> erfort	ad to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registered arther agree to comply with the provisions of all statutes mance of my duties, and I am familiar with and accept the ent as provided for in Chapter 608, Florida Statutes.					
	\$ 100.0	= B					
	\$ 25.0 \$ 30.0						
	\$ 5.0						

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUTLER RIVERSIDE PRESERVATION GY II, 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 SEVENTHENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUTLER RIVERSIDE PRESERVATION GP II, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2007.

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

4441332 8300 071122121



Varriet Smith Windsor, Secretary of State

AUTHENTICATION: 6080393

DATE: 10-17-07