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ACCOUNT NO. : 072100000032

REFERENCE : 315765 7172389

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 13, 2007

ORDER TIME : 4:08 PM

ORDER NO. : 315765-045

CUSTOMER NO: 7172389

FOREIGN FILINGS

NAME: 4701 JOHNSON ROAD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	IATE OF FLORIDA:
_{1.} 4701 JOHNSON ROAD, LLC	
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
775	St. still being in Plant and and an in
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternation company," "L.L.C.," "LLC.")	
Delaware 3.	42-0127290
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification	Fig. 0
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 801 Grand Avenue	o determine penalty liability)
Des Moines, IA 50392	
(Street Address of	Principal Office)
B. If limited liability company is a manager-managed co	727
9. The name and usual business addresses of the manag	
Principal Life Insurance Company	
801 Grand Avenue	
Des Moines, IA 50392	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	snot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida: to own and operate
commercial real estate	
	*
Signature of a member or an author	orized 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 See attached	that the facts stated herein are true)
Typed or printed n	ame of signee

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, COURSE

By: Its:

DENNIS D. BALLARD, Course

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	f the Limited Liability Comp	any is:
4701 JOHNS	ON ROAD, LLC	
If name unavail	able, the alternate name to b	e used in the state of Florida is:
2. The name ar	nd the Florida street address	of the registered agent and office are:
	Corporation Service Co	ompany
		(Name)
	1201 Hays Street	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FI. 32301
		City/State/Zip
liability compara agent and agree relating to the p obligations of m	ry at the place designated in th to act in this capacity. I furti roper and complete performa	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ince of my duties, and I am familiar with and accept the tas provided for in Chapter 608, Florida Statutes. Kimberty B. Moret 28 its agent
	\$ 100.00	Filing Fee for Application
	\$ 25.00 \$ 30.00	Designation of Registered Agent 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 "4701 JOHNSON ROAD, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4701 JOHNSON ROAD, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

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

4456292 8300 071215624 arriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6155905

DATE: 11-13-07