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SECRETARY OF SIAII

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EXAMINER



N SERVICE COMPANY				00 A
	ACCOUNT NO.	: 0721000000	032	Contract of
•	REFERENCE	: 4154841	5029428	30 3
	AUTHORIZATION	Signilla et le	MA	**************************************
	COST LIMIT	: 608250		ORTA
ORDER DATE :	January 24, 2008	130		
ORDER TIME :	11:10 AM			
ORDER NO. :	415484-005			
CUSTOMER NO:	5029428			
	DOMESTIC AM	4C ENDMENT FILING LUC	<u> </u>	
NAME:	ALTAMONTE MALL	NEW COST		

XX CERTIFICATE OF CONVERSION XX APPLICATION BY FOREIGN LLC							
· ·							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Amanda Roath EXT# 2955							
EXAMINER'S INITIALS:							

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 A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Altamonte Mall, LLC		
1. Altamonte Mall, LLC (Name of Foreign Limited Liability Company; must inc	elude	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C.," "LLC.")	pose Item	of transacting business in Florida and attach appropriet written ate name. The alternate name must include "Limited Liabrity"
2. Delaware	3.	36-4238814
(Jurisdiction under the law of which foreign limited liability company is organized)	*	(FEI number, if applicable)
4. January 25, 2008 (Date of Organization)	5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. January 25, 2008		- 7
(Date first transacted business in J (See sections 608.501 & 608.502 F.	Flori .S. te	da, if prior to registration.) o determine penalty liability)
7. 110 North Wacker Drive, Chicago, IL 600	506	
		Principal Office)
8. If limited liability company is a manager-manage	a c	ompany, check here
9. The name and usual business addresses of the ma	mag	ging members or managers are as follows:
John Bucksbaum: 110 North Wacker Driv	∕e,	Chicago, IL 60606
Robert A. Michaels: 110 North Wacker D	riv	e, Chicago, IL 60606
Bernard Freibaum: 110 North Wacker Dri	ive	, Chicago, IL 60606
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photox translation of the certificate under oath of the translator must be su	эру і	
11. Nature of business or purposes to be conducted	or p	promoted in Florida: To directly or indirectly
		develop, finance, dispose of real property.
Lizaren		
Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of p	, F.S rjur	

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 of the Limited Liability Company is:

Altamonte M	Mall, LLC	
If name unavai	ailable, the alternate name to be used in the state of Florida is:	
2. The name a	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	
	City/State/Zip	
liability comparagent and agree relating to the pobligations of n	named as registered agent and to accept service of process for the above stated limit any at the place designated in this certificate, I hereby accept the appointment as refer to act in this capacity. I further agree to comply with the provisions of all statute proper and complete performance of my duties, and I am familiar with and accept my position as registered agent as provided for in Chapter 608, Florida Statutes.	egistered 'es

\$ 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 "ALTAMONTE MALL, 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-FIFTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTAMONTE MALL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2008.

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



Harrist Barth Minder Course

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6336907

DATE: 01-25-08

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