

### Florida Department of State

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## LORIDA/FOREIGN LIMITED LIABILITY CO.

CRE Holly Hill GP II, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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JUN 30 2009

EXAMINER

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

|             | CR   | E Holly Hill G     | SP II. LLC   |
|-------------|--|--------------------|--|
| (1          | Name of Foreign Limited Liability Compan                                       | y; must include "  | Limited Liability Company," "L.L.C.," or "LLC.")   |
| nsent (     |  |                    | transacting business in Florida and attach a copy of the name. The alternate name must include "Limited Liable       |
|             | Delaware   | 3.                 |  |
| (Jurisc     | diction under the law of which foreign limit<br>any is organized)              | ed liability       | ( FEI number, if applicable)   |
|             | 05/28/2009   | 5.                 | Perpetual  |
|             | (Date of Organization)   |                    | (Duration: Year limited liability company will cease to exist or "perpetual")  |
|             | Date first transacted by   | rsiness in Florida | if prior to registration   |
|             | (See sections 608,501 &  | 608.502 F.S. to d  | if prior to registration.)   |
|             | e/o CRE Boca Opco  | , LLC, 11900       | Biscayne Bivd., Ste. 809   |
|             | Miami, FL 33181  |                    | <u> </u>   |
|             | (Str   | eet Address of Pr  | incipal Office)  |
| If lin      | nited liability company is a manager   | -managed com       | ppany, check here  |
| The         | name and usual business addresses of   | of the managin     | g members or managers are as follows:  |
| CF          | RE Boca Opco, LLC 11900 Bis  | cayne Blvd., S     | Ste. 809 Miami, FL 33181   |
|             |  |                    |  |
|             |  |                    |  |
|             |  | 4 00 1             |  |
|             |  |                    | old, duly authenticated by the official having custody of recontable. If the certificate is in a foreign language, a |
|             | of the certificate under cath of the translators                               |                    |  |
| <b>M</b> -4 |  |                    |  |
|             | ure of business or purposes to be cor<br>ing a general partnership interest in |                    | moted in Florida:<br>ciates, Ltd., a Florida limited partnership   |
|             |  |                    |  |
|             | - Carry V  | chilos             |  |
|             | Signature of a membe   |                    | zed representative of a member.  |
|             |  |                    | execution of this document constitutes.  If the facts stated beguin are true.)                                       |

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Typed or printed name of signee

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# 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Con  | npany is:  |  |   |
|---|--|--|---|
| CREI  | Holly Hill GP II, LI   | _C   |   |
| If name unavailable, the alternate name to  | be used in the state   | of Florida is:   |   |
|   | •  |  | 75 Z  |
| 2. The name and the Florida street address  | s of the registered a  | gent and office are:   | SECRETAR<br>ALLAHASS                                      |
| National C  | orporate Research,   | Ltd., Inc.   | <u>%</u> % 9  |
|   | (Name)   |  |   |
|   | 5 East Park Avenue   |  | STATE<br>STATE<br>LORIDA                                  |
| Florida Street A  | STATE<br>LORIDA  |  |   |
| · · · · · · · · · · · · · · · · · · ·   | <u> </u>   | ,,   | <u> </u>  |
| Tallahassee   | FL   | 32301  |   |
|   | City/State/Zip   |  | ····  |
| Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. I find relating to the proper and complete perform obligations of my position as registered age.  (Signature) | this certificate, I her<br>ther agree to compl<br>ance of my duties, a | reby accept the appoin<br>y with the provisions a<br>nd I am familiar with a | ntment as registered<br>of all statutes<br>and accept the |
|   |  |  |   |
| \$ 100.00   |  |  |   |
| \$ 25.00  | L,F  | Registered Agent   |   |
| \$ 30.00<br>\$ 5.00   |  | •  |   |

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# Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRE HOLLY HILL GP 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRE HOLLY HILL GP II, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2009.

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

SERRETARY OF STATE

4692142 8300

090646299

You may verify this certificate onlin

Jeffrey W. Bullock, Secretary of State

DATE: 06-24-09

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