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EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE: 081732 AUTHORIZATION : / COST LIMIT ORDER DATE: July 30, 2009 ORDER TIME : 9:11 AM ORDER NO. : 081732-025 CUSTOMER NO: 5040795 FOREIGN FILINGS NAME: SUNBURST/ENCORE GP, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX ___ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. Sunhurst/Encore GP, C.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"		
Company," "L.L.C," "LLC.")		
2. DE 3. 20-0670867		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. 10-28-02 5. perpetual		
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. TWO N. RIVERSIDE Plaza Ste. 800 = 3 5		
(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:		
MHC Operating Limited Partnership. Two N. Riversipe		
12/674 5. 14. 970 64		
1-10/20, Suite 800, Chicacp, IL 100606		
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: <u>OWTHEE</u> OF		
Real property.		
Sunburst I Encore Gr. CC.		
Signature of a member or an authorized representative of a member		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "L.C." 2.		
4. D-28-02 (Date of Organization) 5. Der Det tual (Darte limited liability company will cease to exist or "perpetual") (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. TWO N. RIVERSIDE Planta Ste. 600 (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: MAC Apprating Lymitan Partnership. Two N. Riverside 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Owner. 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.)		
-A.L L		

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	of the Limited Liability	Company is:	
<u> 5.</u>	in burst / Er	ncore GP, L.L.C.	
If name unavai	ilable, the alternate nam	ne to be used in the state of Florida is:	
2. The name a	and the Florida street ad	dress of the registered agent and office are:	
	Corporation Servi	ce Company	
		(Name)	
	1201 Hays Street		
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company
BY: ASST. Sec

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNBURST/ENCORE GP, 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-NINTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"SUNBURST/ENCORE GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF
OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3584738 8300

090738717

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7446667

DATE: 07-29-09

You may verify this certificate online at corp.delaware.gov/authver.shtml