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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number : (850)878-5368

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Foreign Limited Liability Company Sunrise Village Development, LLC

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Page Count	06
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A. LUNT

AUG 2 7 2010

EXAMINER

### **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT	Sunrise Village Development, LLC (Name o	f Limited Liability Company)	
Florida," Co		ed Liability Company for Authorization to Trare submitted to register the above reference ida	
Please retur	m all correspondence concerning	this matter to the following:	
	Michelle La Pelle		
		(Name of Person)	ZEIN AUG 26
	Equity Residential		AUG.
	-	(Firm/Company)	(4)
	Two North Riverside Plaza, Suite 40	0	
		(Address)	धितनं क
	Chicago, Illinois 60606		
	(C	ity/State and Zip Code)	
For further	information concerning this matt	er, please call:	
Mich	helle La Pelle	at (312 ) 928-8463	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
MA	ILING ADDRESS:	STREET ADDRESS:	
Division of Corporations		Division of Corporations	
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	a check for the following amoun 125.00 Filing Fee \$\infty\$130.00 Filing Certifi	Fee &\$155.00 Filing Fee &\$160.00 Fili	ng Fee, Certificate Status & Certified Copy

## 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 RESIDENS IN THE STATE OF FLORIDA.

	Development, LLC					
(Name of F	oreign Limited Liability Company	y; must include	"Limited Liability Com	.pany," "L.L.C.,"	or "LLC.")	_
(If name unavailab consent of the man Company," "L.L.C	ole, enter alternate name adopted finagers or managing members adopted.," "LLC.")	or the purpose	of transacting business in	n Plorida and atta name must include	ch a copy of the	_ e writt ility
2. Delaware		3.	27-3320187			
company is orga	•	ed liability	(FEI num	iber, if applicable	e)	•
4. August 25, 201	0	_ 5.	Perpetual			
(1	Date of Organization)	<b>_</b>	(Duration: Year limite exist or "perpetual")	d liability compar	ny will cease to	-
S					******	
	(See sections 608.501 & 6	isiness in Flori 608.502 F.S. to	da, if prior to registration determine penalty liabil	i.) ity)		
Two North Riv	verside Plaza, Suite 400				ATT.	·
Chicago, Illino	nis 60606				26	Ĩ
	(Stre	eet Address of	Principal Office)		THE AM	
. If limited lia	bility company is a manager	-managed co	ompany, check here (	J		gram (
. The name an	id usual business addresses o	of the manag	ing members or man	agers are as fo	ilows:	
Sunrise Villag	e Joint Venture, LLC					_
Two North Ri	verside Plaza, Suite 400, Chicago,	, Illinois 60606				-
	·					
hejurisdiction und	original certificate of existence, no m er the law of which it is organized. ( artificate under eath of the translator)	(A photocopy is	s not acceptable. If the cer			cords i
1. Nature of b	usiness or purposes to be co	nducted or p	romoted in Florida:	All lawful purpo	ses including,	
but not limited		•				
		· · · · · · · · · · · · · · · · · · ·		<del></del>		_•
	Signature of a member (In accordance with section of an affirmation under the per	608.408(3), F.S.	, the execution of this docum	ment constitutes		
	SEE ATTACHMENT	<b>Fr.9</b> 4		_		
	Typed	or printed n	ame of signee			

# ATTACHMENT TO THE FLORIDA DEPARTMENT OF STATE - DIVISION OF CORPORATIONS APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **FOR**

#### SUNRISE VILLAGE DEVELOPMENT, LLC

#### SIGNATURE OF MEMBER:

#### SUNRISE VILLAGE JOINT VENTURE, LLC,

a Delaware limited liability company

By: ERP Operating Limited Partnership, an Illinois limited partnership,

its managing member

By: Equity Residential,

a Maryland real estate investment trust,

its general partner

By:

Name: Michelle La Pelle Title: Assistant Secretary PIPAUG 26 AMIC: 58

## 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:		
Sunrise Village Development, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	ZEI AU	چوادر <u>تان</u> خ
CT Corporation System	AUG 26	2
(Name)		
1200 South Pine Island Road		A STATE OF THE PARTY OF THE PAR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 35 cm S	
Plantation FL 33324		
City/State/Zip	<del></del>	

Having been named us 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.

Acorporation System System Secretary

(Signature Assistant Secretary

\$ 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 7

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUNRISE VILLAGE DEVELOPMENT, 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 AUGUST, A.D.
2010.

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

4864265 8300

100856922

AUTHENTICATION: 8192234

DATE: 08-25-10

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