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EXAMINER

#### COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Arbor Walk Apartments, LLC				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
James D. Palermo				
Name of Person				
DeBartolo Holdings, LLC				
Firm/Company				
15436 North Florida Avenue, Suite 200				
Address				
Tampa, FL 33613				
City/State and Zip Code				
jpalermo@debartoloholdings.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
James D. Palermo at (813 ) 264-8803				
Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\int_{\$125.00 \text{ Filing Fee}} \int_{\$130.00 \text{ Filing Fee & Certificate of Status}} \int_{\$Certificate \text{ Opy}} \int_{\$155.00 \text{ Filing Fee & Certificate of Status}} \int_{\$Certified \text{ Copy}} \int_{\$Certified \				

## 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 HARILITY COMPANY TO TRANSACT RESIDESS IN THE STATE OF FLORIDA:

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Arbor Walk Apartments, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Th	ne Arbors, LLC	
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the value of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabiliompany," "L.L.C," "LLC.")	
Ī	Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-3932634 (FEI number, if applicable)	
4	November 10, 2010 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.	15436 North Florida Avenue, Suite 200, Tampa, FL 33613	پستي نور.
	And	1 1
	(Street Address of Principal Office)	
	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:	
	DeBartolo Opportunity Fund I, LP	
	4401 West Kennedy Boulevard, 3rd Floor	
	Tampa, FL 33629	
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: Apartment Leasing	ords in
• •	- Nature of business of purposes to be conducted of promoted in Florida.	
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	James D. Palermo	

Typed or printed name of signee

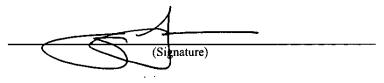
### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 C	ompany is:	
Arbor Walk Apartments, LL	<u>-</u> C	_
If unavailable, the alternate to be used in The Arbors, LLC	n the state of Florida is:	
2. The name and the Florida street addr	ress of the registered agent and office a	re:
James D. Palermo		ZOID NOV 10
	(Name)	
15436 North Florid	da Avenue, Suite 200	ASSE TO
Florida Street Address (P.O. Box NOT ACCEPTABLE)		— Me
Tampa	FI 33613	LORRID STATES

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.

City/State/Zip



\$ 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 "ARBOR WALK APARTMENTS, 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 TENTH DAY OF NOVEMBER, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARBOR WALK APARTMENTS, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2010.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8344544

DATE: 11-10-10

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