Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

Foreign Limited Liability Company **EQR-Midtown 24, LLC**

Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$125.00

K. SALY EXAMINER

AUG 26 2011

COVER LETTER

		Name of Limited Liability Company
ha anclosed !	'Annication by Paraign Limited L	liability Company for Authorization to Transact Business in Florida," Certificate of
		e above referenced foreign limited liability company to transact business in Florida
lease raturn a	ill correspondence concerning this	matter to the following:
	Michelle La Pelle	
		Name of Person
	Equity Residential	
		Firm/Company
	Two North Riverside Plaza, Su	ite 400
		Address
	Chicago, Illinois 60606	
		City/State and Zip Code
	cmaher@eqrworld.com	
	E-mail address	s: (to be used for future annual report notification)
or further inf	ormation concerning this matter, p	leuse call:
Miche	elle Lu Pello	at (312) 928-8463 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Divis Regis	LING ADDRESS: ion of Corporations tration Section	STREET ADDRESS: Division of Corporations Registration Section
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

作いけつ・19/03/3019 C T Syriam Galilea

The Party of the P

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

ÇO		pose of transacting business in Florida and attach a copy of the writter alternate name. The alternate name must include "Limited Liability
2	Delaware	3. 45-3073643
	(Jurisdiction under the law of which foreign limited liability company is organized)	y (FBI number, if applicable)
4.		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 Hability)
7.	Two North Riverside Plaza, Suite 400	Florida, If prior to registration.) S. to determine penalty liability) as of Principal Office)
	Chicago, Illinois 60606	
		as of Principal Office)
	1 1A15 1/2 1 15 1 1914	
ā.	If limited liability company is a manager-manage	ed company, check here [_]
9.). The name and usual business addresses of the ma	anaging members or managers are as follows:
	ERP Operating Limited Partnership Two North Rive	erside Plaza, Suite 400, Chicago, Illinois 60606
the	he jurisdiction under the law of which it is organized. (A photoc	20 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a
	ranslation of the certificate under outh of the translator must be su	,
11	1. Nature of business or purposes to be conducted	or promoted in Florida: 10 conduct any fawtur
	business purpose.	
	<u> </u>	authorized representative of a member.
	(In parameters with section 609 409(3) If S. size at	recurion of this document constitutes an affirmation under the
	penalties of perjury that the facts stated herein are document to the Department of State constitu	true I am aware that any false information submitted in a lites a third degree felony as provided for in s.817.155, F.S.) ary of Equity Residential, general partner of ERP OPERATING. LIMITSO PAR THE MERSE

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.

If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent a CT Corporation System (Name)	
C T Corporation System	
	nd office are:
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEP	'ABLE)
Plantation FL 33324	
· 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.

By: Katle Szramek
Assistant Secretary

(Signature)

\$ 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 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQR-MIDTOWN 24, 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 AUGUST, A.D. 2011.

5029025 8300

110948651

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

Jeffrey W. Bullock, Secretary of State

uthentychtion: 8989294

DATE: 08-24-11