

ACCOUNT NO. : 072100000032

REFERENCE : 566600 ' 4300123

AUTHORIZATION : THE PARTY OF

COST LIMIT : \$ 285.00

ORDER DATE: October 15, 1997

ORDER TIME : 11:12 AM

ORDER NO. : 566600-015

CUSTOMER NO: 4300123

CUSTOMER: Susan E. Todd, Legal Assistant

Battle Fowler Llp 75 East 55th Street

Concourse

New York, NY 10022

FOREIGN FILINGS

NAME: TOWER ORLANDO 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: Jon A Bowling

May 12 May 19

100002324251--3

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 BUSINESS IN THE STATE OF FLORIDA:

Tower Orla	ndo GP LLC		5
Name of foreign limited liability com-	nany must end with	the words "limited company" or their al	observation :
C " if not so contained in the name at p	resent. Please note	"L.L.C." is not an acceptable suffix in	i Florida.)
Delaware	3	Applied For	obreviation n Florida.)
(Jurisdiction under the law of which fo company is organized)			
September 25, 1		5. Perpetual	
(Date of Organizati	ion)	(Duration: Year limited liability of cease to exist or "perpetual")	ompany will
Upon Qualificat	ion		.
(Date first transacted b	ousiness in Florida	(See sections 608.501, 608.502, and 81	7.155, F.S.)
120 West 45th St:	reet, New Yor	k, NY 10036	
	(Street address of	principal office)	
tak alama yikta dada badana a k			o (cn.
		anaging member[MGRM] or mai	
		anaging member[MGRM] or mai Florida: (attach additional page	
nanage the foreign limited liabi	lity company in	Florida: (attach additional page	if necessary)
			if necessary
nanage the foreign limited liabi	lity company in	Florida: (attach additional page	if necessary)
nanage the foreign limited liabi NAME & ADDRESS: —Clifford Stain	lity company in	Florida: (attach additional page	if necessary)
nanage the foreign limited liabi NAME & ADDRESS: Clifford Stain Tower Equities	lity company in	Florida: (attach additional page	if necessary)
nanage the foreign limited liabi NAME & ADDRESS: Clifford Stain	lity company in	Florida: (attach additional page	if necessary)
nanage the foreign limited liabi NAME & ADDRESS: Clifford Stein Tower Equities	lity company in	Florida: (attach additional page	if necessary
NAME & ADDRESS: Clifford Stain Tower Equities Management, Inc.	lity company in	Florida: (attach additional page	if necessary)
NAME & ADDRESS: Clifford Stein Tower Equition Management, Inc. 399 Carolina Avenue Suite 200	lity company in TITLE: - Hgc.	Florida: (attach additional page	if necessary
NAME & ADDRESS: Clifford Stain Tower Equities Management, Inc. 399 Carolina Avenue	lity company in TITLE: - Hgc.	Florida: (attach additional page	if necessary)
NAME & ADDRESS: Clifford Stein Tower Equition Management, Inc. 399 Carolina Avenue Suite 200	lity company in TITLE: - Hgc.	Florida: (attach additional page	if necessary)
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NAME & ADDRESS: Clifford Stein Tower Equition Management, Inc. 399 Carolina Avenue Suite 200	lity company in TITLE: - Hgc.	Florida: (attach additional page	if necessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN

The undersigned member or authorized representation Tower Orlando GP LLC	tative of a member of deposes and says:
1) the above named limited liability company has a	t least two members
2) the total amount of cash contributed by the me	mber(s) is \$
3) if any, the agreed value of property other than \$ 600,000 . A description of the p	cash contributed by member(s) is property is attached and made a part hereto.*
4) the total amount of cash or property anticipates \$ 600,000 . This total includes amount	d to be contributed by member(s) is ts from 2 and 3 above.
TOWER REALTY	TRUST, INC., Managing Member

Robert Cox, Vice President

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*Partnership Interests in Magnolia Associates, L.P., a Florida limited partnership

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	limited liability company is:		
Tower	Orlando GP LLC	_	9
		· · · · · · · · · · · · · · · · · · ·	970
2. The name and address of the registered agent and office is:			OCT 20 PI
	Corporation Service Company		PHIZ: 53
	(tiame)		Jiene Tiene 53
	1201 Hays Street		To
	(P.O. Box got acceptable)		
	Tallahassee, Florida 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 pos in as registered agent.

Corporation Service Company

By: Vick Schreiber, arst. V.P

lictober 17, 1997

Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOWER ORLANDO 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 SIXTEENTH DAY OF OCTOBER, A.D. 1997.

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

970CT20 PHI2: 53



Ldward J. Licel, Secretary of State

AUTSENTICATION

8706076

DATE

10-16-97

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