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ACCOUNT NO.

: 072100000032

REFERENCE

242053

7137378

AUTHORIZATION

COST LIMIT

ORDER DATE: May 17, 1999

ORDER TIME :

9:33 AM

ORDER NO.

242053-005

600002878406--8

CUSTOMER NO:

7137378

CUSTOMER:

Clayton Nottleman, Paralegal

Duval & Stachenfeld Llp

32nd Floor

CERTIFIED COPY

405 Lexington Avnue New York, NY 10174

FOREIGN FILINGS

NAME:

142 BISCAYNE ASSOCIATES,

L.L.C.

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY Availability CERTIFICATE OF GOOD STANDING Document DCC Examiner Updater

CONTACTCPERSON:

DCC

DCC

Mimi Stephens

DEPARTITION OF STATE OF STATE

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RECHIVED

DCC W. P. Verifyer

Acknowledgement

P4.5 COOCOOPP1

5 pages

Name 51

Updater

Verifyer

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:

142 Biscayne Associates, L.L.C.	
(Name of foreign limited liability company must end w company" or their abbreviations "L.L.C." or "L.C." if no	rith the words "limited liability company" or "limited of so contained in the name at present.)
Delaware 3.	36-4293519
(Jurisdiction under the law of which foreign limited lia company is organized)	ability (FEI number, if applicable)
	Perpetual Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	(See postions 608 501 608 502 and 817 155 F.S.) @
(Date first transacted business in Florida	The feet sections occurred, to close and or many and o
7c/o Plato Foufas & Co., 1 IBM Plaza	
	25 E 25
·	ess of principal office)
 List name, title, and business address of each n will manage the foreign limited liability compa 	nanaging member [MGRM] or manager [MGR] who any in Florida: (attach additional page if necessary)
NAME & ADDRESS: TITLE:	NAME & ADDRESS: TITLE:
142nd Street Associates, (Member)	TRP 142 Biscayne Special (Member)
L.P	Member, L.L.C.
c/o Plato Foufas & Co.	c/o ING Realty Management
1 IBM Plaza, Suite 2630	676 N. Michigan Ave., Suite 3350
Chicago, IL 60611	Chicago, IL 60611

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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 oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of 142 Biscayne	Associates, .
L.L.C. certifies:	•
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$;
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 25,075,000:
Mar. M	PILED 99 NAY 18 AN SECRETARY OF STALLAHASSEE, FL
Signature of a member or authorized representative of a memb (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.)	er.ORIDA
Shannon Hill	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

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:
	142 Biscayne Associates, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

(Name)	99 SE(Tal
1201 Hays Street	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Callahassee, Florida 32301	
(City/State/Zip)	——FLOFI STA
	OF 25 ATE DRIDA

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.

Karen B. Rozar, Asst. Sec. Corporation Service Company

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware

Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "142 BISCAYNE ASSOCIATES, L.L.C." 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 THIRTEENTH DAY OF MAY, A.D. 1999.

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



-1847



Edward J. Freel, Secretary of State

3042512 8300

991191229

AUTHENTICATION:

9743218

DATE:

05-13-99