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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:

(Name of foreign limited liability company must end with the words "limited liability company" or "limited

elaware		3. Pending	T* T"1 \
(Jurisdiction under the law of wh company is organized)	ich foreign limited	liability (FEI number, if ap	oplicable)
August 27, 1999	5	Perpetual	
(Date of Organizati	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will
September 20, 1999			
(Date first transacte	d business in Flori	da. (See sections 608.501, 608.502	and 817.155, F.S.)
100 Crescent Court, Suite 1000, Da	allas, Texas 75201		
		•	
	(Street add	dress of principal office)	
Y :- 4 4 ! 4 h			
	address of each	managing member [MGRM] o	r manager IMGR1 s
will manage the foreign limit	address of each ted liability com	managing member [MGRM] o pany in Florida: (attach additio	r manager [MGR] vonal page if necessa
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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.)

1. W9/KAB Gen-Par, L.L.C.

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "W9/KAB GEN-PAR, 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 THIRD DAY OF SEPTEMBER, A.D. 1999.

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

Edward J. Freel, Secretary of State

9954165

AUTHENTICATION:

09-03-99

3089260 -8300

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:	
<u>w9</u>	KAB Gen-Par, L.L.C.	_
2.	The name and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	
	(City/State/Zip)	
liabil agent relati	g been named as registered agent and to accept service of process for the above stated limited by company at the place designated in this certificate, I hereby accept the appointment as reginant and agree to act in this capacity. I further agree to comply with the provisions of all statutes by to the proper and complete performance of my duties, and I am familiar with and accept the tions of my position as registered agent.	sterea
CTC	CONNE BRYANT SECRETARY (Signature) CONNEE BRYANT SECRETARY	

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of W9/KAB Gen-Par	, 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	\$_100.00_;
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	100.00
(This total includes amounts from 2 and 3 above.) By: Whitehall Street Real Estate Limited Partnership IX, By: WH Advisors, L.L.C. IX, its general partner By: Whitehall IX/X, Inc. its managing member	as member
By:	
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.)	
Susan L. Sack	<u>-</u>
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit