199000002101



ACCOUNT NO. : 072100000032

REFERENCE :

532659

4307052

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 29, 1999

ORDER TIME: 11:04 AM

ORDER NO. : 532659-010

CUSTOMER NO: 4307052

CUSTOMER: Vera Penev, Legal Assistant

Ungaretti & Harris

Three First National Plaza

Suite #3500

Chicago, IL 60602

400003084754--1

FOREIGN FILINGS

NAME:

BROOKWOOD OCEAN GRANDE

MANAGEMENT CO., LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

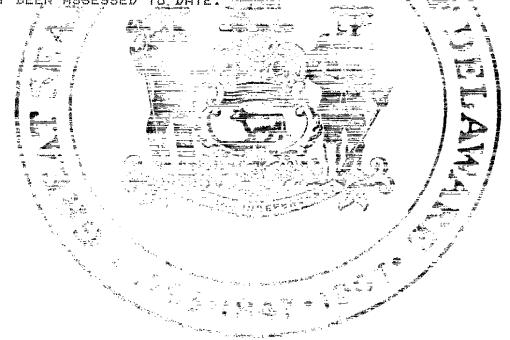
	(Name	e of foreign limited l	iability company)		_	
	Delaware	3.	04-3493024			
Juris omp	ediction under the law of which foreign limit cany is organized)	ed liability	04-3493024 (FEI number, if applicable)		_	
	November 2, 1999 (Date of Organization)	5 	Perpetual pration: Year limited liability company will st or "perpetual")	cease to	_	
	upon qualification			_		
	(Date first transacted business in	Florida. (See section	s 608.501, 608.502, and 817.155, F.S.)			
	55 Tozer Road	<u> </u>				
	Beverly, Massachusetts 0	1915			-	
		reet address of princ	ipal office)	56	_ _	
If limited liability company is a manager-managed company, check here						
Γhe	usual business addresses of the man	aging members o	r managers are as follows:	30	# 2 22	
	55 Tozer Road, Beverly, 1	Massachusetts	01915	P		
	1350 Avenue of the Americ	cas, Suite 270	1, New York, NY 10019	55		
jurisc	nched is an original certificate of existence, no reliction under the law of which it is organized.	(A photocopy is not			_ _ :ecc	
Na	ature of business or purposes to be co	onducted or prom	oted in Florida:to act as a	 		
	general partner of a lim	ited partners	rip			
		Ihun. SI	W			
	Signature of a memb	er or an authorize 608.408(3), F.S., the	ed representative of a member. execution of this document constitutes the facts stated herein are true.)			
		Thomas N. Trkl				
	T 2	or printed name	of ciamas			

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROOKWOOD OCEAN GRANDE MANAGEMENT CO., 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-NINTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

AUTHENTICATION:

0169506

DATE:

12-29-99

3119896 8300

991566214

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:										
Brookwood Ocean Grande	Management	t Co., LLC								
2. The name and the Florida street add	lress of the	registered ag	gent and office are:							
-	ice Company	Ÿ								
Florida stre	1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)									
Talla	hassee Cit	FL ty/State/Zip	32301							

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, F.S..

,

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)