Filing Fee: \$150.00

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Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:			
	CRE JV Mixed Fifteen NE Branch Holdings LLC			
2.	The name, if different, under which it propose	es to register and transact business in Ri	node Island is:	
3.	The limited liability company is organized under the laws of Delaware			
4.	The date of its organization is			
5.	. The period of duration of the limited liability company is (if perpetual, so state) Perpetual			
6.	The address of the limited liability company's resident agent in Rhode Island is:			
	222 Jefferson Blvd., Suite 200	Warwick	, RI 02888	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is			
7.	The secretary of state is appointed the agent time there is no resident agent or if the reside diligence.			
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:			
	c/o First States Management Corp., L.P., 68	0 Old York, Jenkintown, PA 19046		
9.	The mailing address for the limited liability cor	mpany is:		
	c/o First States Managment Corp., L.P., 680 Old York, Jenkintown, PA 19046			
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For	m No. 450		JUL 14 2006	

10.	Management of the Limited Liability	Company:	
A.	The limited liability company is to be no. 11.)	managed v by its members. (If you have checked this box, go to item	
	<u>or</u>		
B. The limited liability company is to be managed by one (1) or more managers. (If the licompany has managers at the time of the filling of these Articles of Organization, state address of each manager.)			
	<u>Manager</u>	<u>Address</u>	
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11. Th au	is application is accompanied by a cer thorized officer of the jurisdiction under	rtificate of good standing duly authenticated by the secretary of state or othe r which the foreign limited liability company was organized.	
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.	
Date:	7/7/06	CRE JV Mixed Fifteen NE Branch Holdings LLC	
		Print Exact Name of Limited Liability Company Making Application	
		By Signature of authorized person	
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