Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956

| am follo | ended, the undersigned business corporation, lindowing statement for authority to transact business in | mited liability company, or limited partnership hereby submits the in the state of Rhode Island under a fictitious business name: |
|--------------|--|---|
| | The legal name of the applicant business corporation, limited liability company or limited partnership is: Resolution Capital, L.P. | |
| 2. | The fictitious business name to be used is Avid | Lending |
| 3. | The state or territory under the laws of which it is incorporated, organized or formed is Nevada | |
| 4. | The date of incorporation, organization or formation is October 17, 2003 | |
| 5. | If a business corporation, the address of its registered office within Rhode Island is | |
| 6. | If a business corporation, the business in which it is engaged | |
| 7. | Applicant is otherwise authorized to do business in the state of Rhode Island. | |
| | | Under penalty of perjury, I declare that the information contained herein is true and correct. |
| Date: 4/6/07 | | Resolution Capital, L.P. |
| | | Name of Applicant Corporation, Limited Liability Company or Limited Partnership |
| | FILED | BySignature of Authorized Officer of the Corporation |
| | UUN 1 4 2007 | <u>or</u> |
| | 4 -7/1 · · · · · | By Signature of Authorized Person for the Limited Liability Company |
| | 11-28615 | By Or |
| | | Signature of Authorized Person for the Limited Partnership |
| _ | No. 624 ed: 12/05 | Christopher J. Gramlich President of Desolution Capital Advisors, LLC |
| | | riesiaent of resolution Capital 1 |