Filing Fee: \$150.00

ID Number: 136783



Revised: 01/99

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION (To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, 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: Preston RF 11C | | |
|-----|--|--|--|
| 2. | The name, if different, under which it proposes to register and transact business in Rhode Island is: | | |
| 3. | The limited liability company is organized under the laws of | | |
| 4. | The date of its organization is $\frac{12}{22}$ $\frac{2003}{2003}$ | | |
| 5. | and the second s | | |
| 6. | The address of the limited liability company's resident agent in Rhode Island is: 53 Cananicus Ave Vinit 4E January RI 02835 | | |
| | (Street Address, not P.O. Box) (City/Town) (Zip Code) | | |
| | and the name of the resident agent at such address is <u>Claymond</u> <u>S522970</u> (Name of Agent) | | |
| 7. | The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable 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: | | |
| 9. | The mailing address for the limited liability company is: 8 Fanenil Hall Boston MA 02109 DEC 29 2003 | | |
| For | m No. 450 | | |

| 10. The limited liability company is to be man | naged by: | | |
|--|---|--|--|
| (Check one box only) | | | |
| its members | or by one (1) or more managers | | |
| 11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager: | | | |
| <u>Manager</u> | <u>Address</u> | | |
| | | | |
| <u></u> | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or of authorized officer of the jurisdiction under 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: 12/29/03 | Preston RE LLC | | |
| • | Print Exact Name of Limited Liability Company Making Application By | | |
| | Signature of authorized person | | |

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESTON RE 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-FOURTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESTON RE LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2003.

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

Darriet Smith Windson

AUTHENTICATION: 2836342

DATE: 12-24-03

3744489 8300

030836158