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(RETIRED)

December 28, 1998

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

000002726330--0
-12/30/98--01057--001
****105.00 ****87.50

Re: Locust Center, Ltd.

Dear Corporate Division:

Please find enclosed an Application for Authorization to Transact Business in Florida for the above-named corporation. Also enclosed is a check in the amount of \$105.00 to cover the filing fee, certified copies and certificate fees.

Please process the above Application on a rush basis and return one Certificate of Status and certified copy to the undersigned. An additional Certificate and certified copy needs to be sent to following individual at Chicago Title Insurance Company for closing on a real estate project scheduled for January 4, 1999.

Traci Harris
Chicago Title Insurance Company
National Business Unit
1129 20th Street, NW, Suite 300
Washington, DC 20036

Thank you for your prompt attention. If you have any questions, please feel free to call me.

Very truly yours,

Gregory J. Wilson
Gregory J. Wilson

GJW:ch

Enclosures

#116

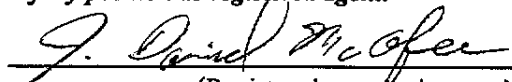
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -6 AM 10:27

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Locust Center, Ltd., Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Iowa 3. 42-1351043
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 30, 1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 4, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 303 Locust Street, Suite 150
Des Moines, IA 50309
(Current mailing address)
8. Ownership and operation of real estate.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: J. Daniel McAfee
Office Address: 99900 Overseas Highway
Key Largo, Florida, 33037
(Zip code)
10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED DIRECTORS

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Bruce W. Gerleman

Address: 448 County Line Road
Cumming, IA 50061

Vice President: Toni L. Gerleman

Address: 448 County Line Road
Cumming, IA 50061

Secretary: Gretchen Gerleman

Address: 448 County Line Road
Cumming, IA 50061

Treasurer: Grant Gerleman

Address: 448 County Line Road
Cumming, IA 50061

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bruce W. Gerleman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bruce W. Gerleman, President
(Typed or printed name and capacity of person signing application)

DIRECTORS OF LOCUST CENTER, LTD.

Bruce W. Gerleman
448 County Line Road
Cumming, IA 50061

Toni L. Gerleman
448 County Line Road
Cumming, IA 50061

Grant Gerleman
448 County Line Road
Cumming, IA 50061

Gretchen Gerleman
448 County Line Road
Cumming, IA 50061

Anna Gerleman
448 County Line Road
Cumming, IA 50061

IOWA

No. 00101501
Date: 12/16/1998

SECRETARY OF STATE

490 DP-000142354
PATTERSON LAW OFFICE
ATTN: CINDY HALVERSON
729 INS EXCHANGE BLDG
DES MOINES, IA 50309

CERTIFICATE OF EXISTENCE

Name: LOCUST CENTER, LTD.
Begin date: 19900730
Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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SECRETARY OF STATE



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