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Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090 Phone : (407)839-4200

Fax Number : (407)839-4264

FLORIDA/FOREIGN LP/LLP

MN Residential Holding, L.P.

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10/27/2008 4:11 PAGE 001/001 Florida Dept of State



October 27, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BROAD AND CASSEL (ORLANDO)

SUBJECT: MN RESIDENTIAL HOLDING, L.P.

REF: W06000046935

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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Neysa Culligan Document Specialist FAX Aud. #: B06000260928 Letter Number: 706A00063614

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IVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

Florida Dept. of State Electronic Filing Facsimile Audit No._H061003609183

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. MN Residential Holding, L.P. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Parmership suffices: Limited Liability Limited Parmership, L.L.P. or LLP. (If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) 3. October 19, 2006 2. Delaware (Date of Formation) (State or Country of Formation) 4 B&C Corporate Services of Central Florida, Inc. (Name of Registered Agent for Service of Process) 5, 390 North Orange Avenue, Suite 1400 (Florida street address for Registered Agent) Orlando, Florida 32801 6. 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 an accept the obligations of my position as registered agent. 7, 1950 Summit Park Drive, Sulte 300

06 NOV -8 AH 8: 42 SECKELAN, OF STATE TALL AHASSEE, FLORIDA

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9. 1950 Summit Park Drive, S	Suite 300
Orlando, Florida 32810	
10. Name, principal office address, and m	ailing address of each general partner:
MN Residential GP, Inc.	1950 Summit Park Drive, Suite 300
(Name)	Orlando, Florida 32810
F06-6982	Same
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Malling Address)
(Namo)	(Street Address)
	(Mailing Address)

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(Namo)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
	. •
1. Effective date, if other than the date of	rfling: date of filing
	or more than 90 days after the date this document is
the delivery of this application to	tence duly authenticated, not more than 90 days prior of the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
igned this 24th day	of October 2006.
ignature of a general partner: N RESIDENTIAL OF TINC: y: ame: Same U. G. itle: Executive U. G.	teprans (188)
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MN RESIDENTIAL HOLDING, L.P." 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-PIFTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MN RESIDENTIAL HOLDING, L.P." WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2006.

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

4237706 8300 060979841



Namet Smith Window, Secretary of State
AUTHENTICATION: 5144374

DATE: 10-25-06

Ficrida Dept. of State Electronic Filing Facsimile Audit No. #0.0002609283