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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	9 A
Reference: (Sub Account)		
Date:	12/19/06	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	AH I
Telephone:	(850) 513-3619 - direct (850) 224-1585	39 DA S
Contact Name:	Kim Pullen, CLA	
Corporation Name:	PHREG-Tan	opa, LLC
Entity Number: Authorization:	Kim Pul	len
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
Tiomicus Warne	Amendments	itegistration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	() Will Wait	(X) Pick Up
Oarah a	Matter: 29065 Office: TPA	

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	75. 74. C
Reference: (Sub Account) Date:	12/19/06	- ROADA
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CLA	
Corporation Name:	PHREG-Tan	rpa, LLC
Entity Number: Authorization:	Kini Pul	len
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X)Walk In	()Will Wait	(X) Pick Up
CF Internal Use Only Client: 51697	Matter: 29065	

COVER LETTER

10.	Registration Section	
	Division of Corporations	The second secon
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		Fig. 5
SUB.	JECT: PHREG - Tampa, LLC	of Limited Liability Company)
		of Limited Liability Company)
The e	nclosed "Application by Foreign Limit	ed Liability Company for Authorization to Transact Business in
		are submitted to register the above referenced foreign limited
	ity company to transact business in Flo	
		•••••
Pleas	e return all correspondence concerning	this matter to the following:
		- 3
	Cristin A. Conton Forming	
	Cristin A. Conley, Esquire	
		(Name of Person)
	Carlton Fields	
		(Firm/Company)
		(Firm/Company)
	4221 W. Boy Scout Boulevard, S	uite 1000
		(Address)
		· · ·
	Tampa, FL 33607	
	(C	City/State and Zip Code)
Ear 6	suthan information consuming this wort	
POF H	arther information concerning this matt	er, piease caii:
	Cristin A. Conley	at (_813) 229-4211
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations		Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301
Enclo	sed is a check for the following amoun	f•
_11010	□\$125.00 Filing Fee □\$130.00 Filing	
		cate of Status Certified Const of Status & Cartified Const

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	PHREG - Tampa, LLC
	(Name of Foreign Limited Liability Company)
	South Carolina 3. 20-5996631
	PHREG - Tampa, LLC (Name of Foreign Limited Liability Company) South Carolina Jurisdiction under the law of which foreign limited liability company is organized) October 23, 2006 (Date of Organization) 5. December 31, 2056 (Duration: Year limited liability company will cease to exist or "memetual")
4	October 23, 2006 5 December 31, 2056
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5160 St. Andrews Island Drive, Vero Beach, FL 32967
•	
	(Street Address of Principal Office)
	(Sureet Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Homecourt Hospitality, LLC, 5160 St. Andrews Island Drive, Vero Beach, FL 32967
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
trar	ustation of the certificate under outh of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Operating Hotel in Florida
	Operating Foller III Filling
	Hann W. June
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	James W. Turner, President of Park Place at Sebastian, Inc., Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:	
PHREG - Tampa	a, LLC	_
2. The name ar	and the Florida street address of the registered agent and office are:	
	James W. Turner	
	(Name)	
	5160 St. Andrews Island Drive	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Vero Beach FL 32967	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PHREG - TAMPA, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 23rd, 2006, with a duration that is until December 31st, 2056, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of October, 2006.

Mark Hammond Secretary of State