

CORPORATE
ACCESS,
INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 12/8/00 11:00

600003491886--6
-12/08/00--01066--004
****226.25 *****96.25

CERTIFIED COPY _____

X CUS GS

X PHOTO COPY _____

X FILING

Ltd (foreign)

1.) Spring Lake Village, L.P.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
00 DEC -8 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5

RECEIVED

00 DEC -8 AM 9:45

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS

12/8



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 8, 2000

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: SPRING LAKE VILLAGE, L.P.
Ref. Number: W00000028888

Handwritten signature
FILED
00 DEC -8 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SPRING LAKE VILLAGE, L.P. and your check(s) totaling \$226.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$96.25 payment.

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 400A00062125

Handwritten: J LTB.

RECEIVED
00 DEC -8 PM 3:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Spring Lake Village, L.P.
(Name of limited partnership as it is in the home state)

2. Spring Lake Village Apartments of St. Petersburg, Ltd.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

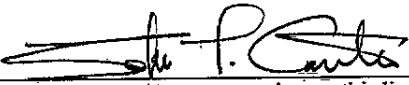
3. Tennessee 4. November 17, 2000
(State of Formation) (Date of Formation)

5. John Carter
(Name of Registered Agent for Service of Process)

6. 3105 Bay Oaks Court
(Street Address of Registered Office)

Tampa Florida 33629
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. 3301 West End Avenue, Suite 200

Nashville, TN 37203
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Spring Lake Village/St. Petersburg, L.L.C. 3301 West End Avenue, Suite 200
Nashville, TN 37203

10. 3301 West End Avenue, Suite 200, Nashville, TN 37203
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 3301 West End Avenue, Suite 200

Nashville, TN 37203

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4 day of December, 2000

C. Harris Haston

General Partner = Spring Lake Village St. Petersburg, L.L.C.
Managing Member of the General Partner

STATE OF Tennessee

COUNTY OF Davidson

On this 4th day of December, 2000

C. Harris Haston, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Michael A. Fielder

(Notary Public Signature)

Michael A. Fielder

(Notary's Printed Name)

Seal

My Commission Expires: 9-25-04

FILED
DEC - 8 AM 10:36
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Spring Lake Village/St. Petersburg, L.L.C.,
a general partner of Spring Lake Village, L.P., a(an) Tennessee
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,540,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purpose of transacting business in Florida is \$ 1,540,000.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of December, 2000.

C. Harris Huston

General Partner - Spring Lake Village/St. Petersburg, L.L.C.
Managing Member of the General Partner

STATE OF Tennessee

COUNTY OF Davidson

On this 4th day of December, 2000

C. Harris Huston

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Michael A. Fielder

(Notary Public Signature)

Michael A. Fielder

(Notary's Printed Name)

Seal

My Commission Expires: 9-25-04

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00 DEC -8 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA