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26 East Park Avenue
Tallahassee, Florida 32309
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3000000000395

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UCC SERVICE
OFFICE USE ONLY

82794113750/C

December 22, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Crowne Ormond Beach Associates, Limited Partnership

Filing Evidence

- ☐ Plain/Confirmation Copy
☒ Certified Copy

Retrieval Request

- ☐ Photocopy
☐ Certified Copy

Type of Document

- ☐ Certificate of Status
☐ Certificate of Good Standing
☐ Articles Only
☐ All Charter Documents to Include Articles & Amendments
☐ Fictitious Name Certificate
☐ Other

W-30003

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign LP
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
00 DEC 22 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 DEC 22 PM 1:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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-12/22/00--01079--022
***1137.50 ***1137.50

RUSH

3X
12/27



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 22, 2000

UCC FILING & SEARCH SERVICES

SUBJECT: CROWNE ORMOND BEACH ASSOCIATES, LIMITED
PARTNERSHIP
Ref. Number: W00000030003

We have received your document for CROWNE ORMOND BEACH ASSOCIATES, LIMITED PARTNERSHIP and your check(s) totaling \$1137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 300A00064259

FILED
00 DEC 22 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 DEC 27 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**FILED
DEC 22 2000
PW 5:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. CROWNE ORMOND BEACH ASSOCIATES, LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)
2. _____
(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.")

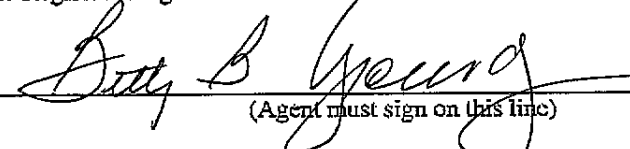
3. STATE OF DELAWARE 4. 12/15/00
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 East Park Avenue
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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


(Agent must sign on this line)

8. 9 East Lockerman Street, Dover, Delaware 19901

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

9. NAMES OF GENERAL PARTNERS**STREET ADDRESS**

Crowne Ormond Beach, L.L.C. 1015 Financial Center,
Birmingham, AL 35203

10. 1015 Financial Center, Birmingham, Alabama 35203
(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. 1015 Financial CenterBirmingham, AL 35203

(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 19th day of December, 19 2000Crowne Ormond Beach, L.L.C.

General Partner

By: ahz

Alan Z. Engel, Authorized Member

STATE OF ALABAMACOUNTY OF JEFFERSONOn this 19th day of December, 19 2000ALAN Z. ENGEL

personally appeared before me,

☒ who is personally known to me☐ whose identity I proved on the basis of _____Barbara J. Hood
(Notary Public Signature)2-24-02 Barbara J. Hood
(Notary's Printed Name)

Seal

My Commission Expires: 2-24-02

FILED
DEC 22 PM 5:32
TALLAHASSEE
FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Alan Z. Engel, Auth. Mbr. of Crowne Ormond Beach, LLC
a general partner of Crowne Ormond Beach Associates, Limited Partnership Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 150,000.

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 19th day of December, 19 2000.

Alan Z. Engel
General Partner

FILED
DEC 22 PM 5:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATE OF ALABAMA

COUNTY OF JEFFERSON

On this 19th day of December, 19 2000.

ALAN Z. ENGEL, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Barbara J. Hood
(Notary Public Signature)

Barbara J. Hood
(Notary's Printed Name)

Seal

My Commission Expires: 2-24-02