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ACCOUNT NO. : 0721000000032

REFERENCE : 989969 4348748

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 96.25

FILED
01 FEB -5 PM 3:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : February 5, 2001

ORDER TIME : 11:01 AM

ORDER NO. : 989969-010

CUSTOMER NO: 4348748

CUSTOMER: Ms. Laura Hopkins
Trammell Crow Residential
Suite 1200 Lock Box 128
717 North Harwood
Dallas, TX 75201

600003633336--1

FOREIGN FILINGS

NAME: TCR BUENA VISTA PARC LIMITED
PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
01 FEB -5 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

nk
2/5

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

1. TCR Buena Vista Parc 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. Texas 4. 1/24/2001
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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

By: Corporation Service Company
BRIAN COURTNEY, ASST. V.P.
(Agent must sign on this line)

8. 800 Brazos, Austin, TX 78701

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

TCR Parc, Inc.

717 N. Harwood, Suite 1200, Lock Box 128

Dallas, TX 75201

10. 717 N. Harwood, Suite 1200, Lock Box 128, Dallas, TX 75201
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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TALLAHASSEE, FLORIDA

12. 717 N. Harwood, Suite 1200, Lock Box 128, Dallas, TX 75201

(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 2nd day of February, 2001

TCR Parc, Inc.

By: Laura Hopkins
Laura Hopkins General Partner
Assistant Secretary

STATE OF TEXAS

COUNTY OF DALLAS

On this 2nd day of February, 2001

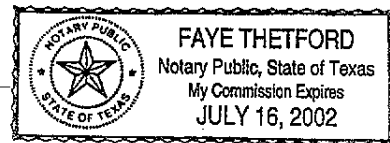
Laura Hopkins personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Faye Thetford
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____

FILED
01 FEB -5 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Laura Hopkins, Asst. Secretary of TCR Parc, Inc.
the general partner of TCR Buena Vista Parc Limited Partnership, a (an) Texas

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

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 2nd day of February, 2001.

TCR Parc, Inc.

By: Laura Hopkins
Laura Hopkins, General Partner
Assistant Secretary

STATE OF TEXAS

COUNTY OF DALLAS

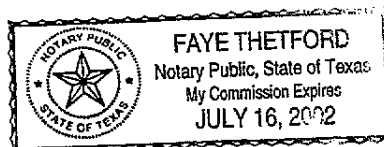
On this 2nd day of February, 2001,

Laura Hopkins, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Faye Thetford
(Notary Public Signature)



(Notary's Printed Name)

Seal

My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA