

113.75

CT CORPORATION ONLY

B010000000154

CORPORATION(S) NAME

(1) CLPT - Barclay Place, L.P.

(2) Clarion Lion Properties Fund Holdings, L.P.

01 APR 26 PM 12:53
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

4/26

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04/27/01-01002-028
****113.75 ****113.75

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> UCC |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

2L
4/23/01

Order#: 4160412

Ref#: _____

Amount: \$ 3K

To: Buck Koke

Please call Melanie

w/ Amount Due.

Shanks A
Million

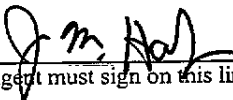
4/26

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
01 APR 26 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. CLARION LION PROPERTIES FUND HOLDINGS, L.P.
(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. Delaware 4. January 31, 2001
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)
8. c/o The Corporation Trust Company

1209 Orange Street, Wilmington, Delaware 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|---------------------------------|
| <u>CLPF-Holdings, LLC</u> | <u>c/o Clarion Partners</u> |
| | <u>335 Madison Avenue</u> |
| | <u>New York, New York 10017</u> |
10. c/o Clarion Partners, 335 Madison Avenue, New York, New York 10017
(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. c/o Clarion Partners--- 335 Madison Avenue
New York, New York 10017

(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.

--REFER TO ATTACHED PAGE FOR SIGNATURE---

Signed this _____ day of _____,

General Partner

STATE OF _____

COUNTY OF _____

On this _____ day of _____,

_____, personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

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TALLAHASSEE, FLORIDA

CLARION LION PROPERTIES FUND HOLDINGS, L.P.

By: CLPF-HOLDINGS, LLC, its general partner

By: CLARION LION PROPERTIES FUND, LLC,
its sole Member

By: CLARION PARTNERS, LLC, its Manager

By: [Signature]
Name: Stephen B. Hansen
Title: Authorized Representative

FILED
01 APR 26 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 31st day of January, 2001 ~~December, 2000~~, Stephen B. Hansen, personally
appeared before me,

☒ who is personally known to me

☐ who identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Roslyn Ealum
(Notary's Printed Name)

Seal

My Commission Expires: _____

ROSSLYN EALUM
NOTARY PUBLIC, State of New York
No. 31-4726697
Qualified in New York County
Commission Expires Oct. 2, 2002

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

FILED
01 APR 26 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME the undersigned personally appeared Stephen B. Hansen, authorized representative of
Clarion Partners, LLC* XXXXXX
a general partner of

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

1. The amount of capital contributions of the limited partners is \$ 300,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000

*Manager of Clarion Lion Properties Fund, LLC, sole member of CLPF-Holdings, LLC, general partner of Clarion Lion Properties Fund
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.
L.P.

---REFER TO ATTACHED PAGE FOR SIGNATURE---

Signed this _____ day of _____,

General Partner

STATE OF _____

COUNTY OF _____

On this _____ day of _____,

_____ personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

CLARION LION PROPERTIES FUND HOLDINGS, L.P.

By: CLPF-HOLDINGS, LLC, its general partner

By: CLARION LION PROPERTIES FUND, LLC,
its sole Member

By: CLARION PARTNERS, LLC, its Manager

By: [Signature]
Name: Stephen B. Hansen
Title: Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 31st day of January, 2001 ~~December, 2000~~ Stephen B. Hansen, personally
appeared before me,

☒ who is personally known to me

☐ who identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Rosslyn Ealum
(Notary's Printed Name)

Seal

My Commission Expires: _____

ROSSLYN EALUM
NOTARY PUBLIC, State of New York
No. 31-4726697
Qualified in New York County
Commission Expires Oct. 2, 2002