



B01000000183

ACCOUNT NO. : 072100000032

REFERENCE : 159073 4348748

AUTHORIZATION :

COST LIMIT : \$ 105.00

FILED
01 MAY 22 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 22, 2001

ORDER TIME : 2:11 PM

ORDER NO. : 159073-005

CUSTOMER NO: 4348748

000004288630--9

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

FOREIGN FILINGS

NAME: TCR METROWEST II LIMITED
PARTNERSHIP

FILE FIRST

XXXX QUALIFICATION (TYPE: LP)

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX (2) CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: _____

RECEIVED
01 MAY 22 PM 3:
DIVISION OF CORPORATE

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

FILED
01 MAY 22 AM 8:43
TALLAHASSEE, FLORIDA

1. TCR Metrowest II 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. May 21, 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:

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

8. 717 N. Harwood Suite 1200, Lock Box 128
Dallas, TX 75201
(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 Metro II, Inc. Followed 2609
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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 21st day of May, 2001

TCR Metro II, Inc.

By: Laura Hopkins
Laura Hopkins General Partner
Assistant Secretary

STATE OF TEXAS

COUNTY OF DALLAS

On this 21st day of May, 2001

Laura Hopkins personally appeared before me,

☒ who is personally known to me

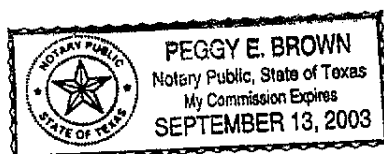
☐ whose identity I proved on the basis of _____

Peggy E. Brown
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____



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MAY 22 AM 8:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Laura Hopkins, Assistant Secretary of TCR Metro II, Inc., the sole
general partner of TCR Metrowest II Limited Partnership, a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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TALLAHASSEE, FLORIDA

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 21st day of May, 2001.

TCR Metro II, Inc.

By: Laura Hopkins

Laura Hopkins General Partner
Assistant Secretary

STATE OF TEXAS

COUNTY OF DALLAS

On this 21st day of May, 2001.

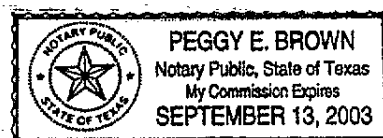
Laura Hopkins, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Peggy E. Brown
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____