

CT CORPORATION SYSTEM

B02000000002

CORPORATION(S) NAME

Westshore/Spruce Apartments, L.P.

FILED
JAN -3 PM 3:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

<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 checked="" 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 type="checkbox"/> CUS
<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 _____

1/3/02

Order#: 4864481
000004749360--6
-01/03/02--01043--023
***1785.00 ***1785.00

Ref#: _____

To: Buck

Call me when
you get this
filing.

Amount: \$1785.00
DIVISION OF CORPORATE
REGISTRATION
02 JAN -3 PM 1:44

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

RECEIVED
JAN 3 2002
M.S.

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Westshore/Spruce Apartments, 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. Georgia 4. August 22, 2001
(State of Formation) (Date of Formation)
5. C T Corporation System
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 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:
C T Corporation System
Connie Bryant Connie Bryant, Special Asst.
(Agent must sign on this line) Secy.
8. SAME AS #10
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Westshore GP, LLC 5555 Glenridge Connector, Suite 700, Atlanta, GA 30342
MO100001943
10. 5555 Glenridge Connector, Suite 700, Atlanta, Georgia 30342
(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. 5555 Glenridge Connector, Suite 700, Atlanta, Georgia 30342

(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.

This _____ day of _____, 19 _____

[Signature]
General Partner

STATE OF Georgia

COUNTY OF Fulton

On this _____ day of _____, 19 _____

_____ personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

Angela S. Sanders
(Notary Public Signature)

Angela S. Sanders
(Notary's Printed Name)

Seal

My Commission Expires August 19, 2003

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JAN -3 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared George H. Lane, III
a general partner of Westshore/Spruce Apartments, L.P., a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000,000

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

This 31st day of December, XX 2001.



General Partner

STATE OF Georgia

COUNTY OF Fulton

On this _____ day of _____, 19 _____,

_____, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Angela S. Sanders

(Notary's Printed Name)

Seal

My Commission Expires: August 19, 2003