

B03000000357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

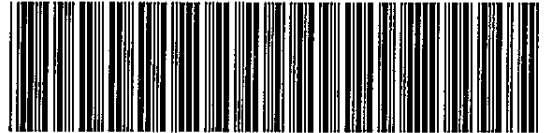
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900023331949

RECEIVED
03 OCT 23 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

FILED
03 OCT 24 PM 3:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 289788 4306525
AUTHORIZATION : Patricia Pigeto
COST LIMIT : \$ 87.50

03 OCT 24 PM 3:19
FILED
TALLAHASSEE, FLORIDA

ORDER DATE : October 22, 2003
ORDER TIME : 10:33 AM
ORDER NO. : 289788-020
CUSTOMER NO: 4306525
CUSTOMER: Seth Bloom, Esq
Sills Cummis Radin Tischman
One Riverfront Plaza
Newark, NJ 07102-5400

FOREIGN FILINGS

NAME: MELROSE HOUSING OF JACKSONVILLE LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER: _____

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

FILED
OCT 24 PM 3:19
TALLAHASSEE, FLORIDA

1. Melrose Housing of Jacksonville LP
(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 (State of Formation) 4. October 17, 2003 (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 (City), Florida 32301 (Zip Code)

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

Corporation Service Company
BY: Moren A. Haveli Asst. V.P.
(Agent must sign on this line)

8. 7077 Bonneval Road, Suite 600, Jacksonville, FL 32216

(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>UCH Jacksonville LLC</u>	<u>7077 Bonneval Road, Suite 600, Jacksonville, FL 32216</u>

1407000003569

10. 7077 Bonneval Road, Suite 600, Jacksonville, FL 32216
(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

12,7077 Bonneval Road, Suite 600, Jacksonville, FL 32216

(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 October, 2003

Siobhan McCleary, Authorized Person of UCH
General Partner JACKSONVILLE LLC

STATE OF New Jersey

COUNTY OF Essex

On this 21st day of October, 2003

Siobhan McCleary, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Barbara Louise Overton
(Notary Public Signature)

Barbara Louise Overton
(Notary's Printed Name)

Seal

My Commission Expires:

12/3/06

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Stobhan McCleary, AUTHORIZED PERSON OF UCH JACKSONVILLE LLC
a general partner of Melrose Housing of Jacksonville LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20.00.

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 October, 2003.

Stobhan McCleary
General Partner, AUTHORIZED PERSON OF UCH JACKSONVILLE LLC

STATE OF New Jersey

COUNTY OF Essex

On this 21st day of October, 2003,

Stobhan McCleary, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Barbara Louise Overton
(Notary Public Signature)

Barbara Louise Overton
(Notary's Printed Name)

Seal My Commission Expires: 12/3/06

**BARBARA LOUISE OVERTON
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 12/3/06**