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Florida Department of State
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Phone : (850) 521-1000
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STATE OF FLORIDA
TALLAHASSEE

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*Please file once the general partner -
DCT ORLANDO & GP, LLC files
FOREIGN LIMITED PARTNERSHIP*

DCT CYPRESS PARK, LP

Thank you.

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DIVISION OF CORPORATION

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

1. DCT Cypress Park, 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 _____ 4 July 8, 2004
(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: Carla Lohi Carla Lohi
(Agent must sign on this line) Asst. Vice President

8. Corporation Service Company
2711 Centerville Road, Suite 400, Wilmington, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
DCT Orlando 1 GP, LLC 518 17th Street, Suite 1700, Denver, CO 80202
MO4-3088

10. 518 17th Street, Suite 1700, Denver, CO 80202
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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 STATE
TALLAHASSEE, FLORIDA

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12, 518 17th Street, Suite 1700, Denver, CO 80202

(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 28th day of July, 2004

See attached signature page

General Partner

STATE OF Colorado

COUNTY OF Denver

On this 28th day of July, 2004

Mark W. Bowen, personally appeared before me,

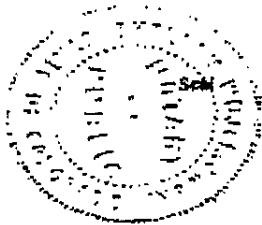
who is personally known to me

whose identity I proved on the basis of _____

Shelley Wujcikowski
(Notary Public Signature)

SHELLEY WUJCIKOWSKI
Notary Public, State of Colorado
(Notary's Printed Name, Commission Expires
January 21, 2008)

My Commission Expires: _____



HO 4000159955 3

H04000159955 3

DCT CYPRESS PARK, LP

DCT ORLANDO 1 GP, LLC, its general partner

By: Dividend Capital Operating Partnership LP,
its sole member

By: Dividend Capital Trust Inc.,
its general partner

By:  _____

Name: _____

Title: _____

Mark W. Bowen
Vice President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared DCT Orlando 1 GP, LLC
By: Mark W. Bowen
a general partner of DCT Cypress Park 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 \$ 999.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 999.

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 28 day of July, 2004.

DCT ORLANDO 1 GP, LLC, the General Partner
By: Dividend Capital Operating Partnership LP, its sole member
By: Dividend Capital Trust, Inc., its general partner

[Signature]
General Partner Vice President

STATE OF Colorado
COUNTY OF Denver

On this 28 day of July, 2004,

Mark W. Bowen, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

SHELLEY WUJCIKOWSKI
Notary Public, State of Colorado
My Commission Expires
January 21, 2008

Seal My Commission Expires: _____

04000159955 3