

30700000103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

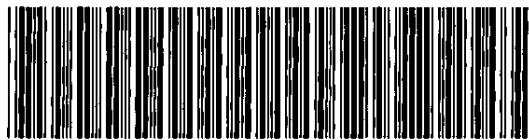
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

20700

CT Corporation System 1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

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TALLAHASSEE, FLORIDA

Various Names

<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 checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" 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 3/26/2007 Order#: 6883609

Availability _____

Document _____

Examiner _____

Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

JM

Amount: \$ _____

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANACT BUSINESS IN FLORIDA

1. CSH Port St. Lucie LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: *Limited Partnership, Limited, L.P., LP, or Ltd.*
Acceptable Limited Liability Limited Partnership suffixes: *Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 3/19/2007

(Date of Formation)

4. C T Corporation System

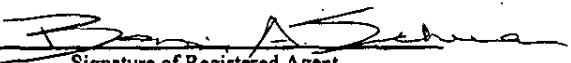
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: 

Signature of Registered Agent

7. 100 Milverton Drive, Unit 700, Mississauga, Ontario L5R 4H1
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

Page 1 of 3

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9. 100 Milverton Drive, Unit 700, Mississauga, Ontario L5R 4H1
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>CSH Operator GP LLC</u> (Name)	<u>100 Milverton Drive, Unit 700</u> (Street Address) <u>Mississauga, Ontario, L5R 4H1</u> (Mailing Address)
 (Name)	 (Street Address)
 (Name)	 (Mailing Address)
 (Name)	 (Street Address)
 (Name)	 (Mailing Address)
 (Name)	 (Street Address)
 (Name)	 (Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22 day of March, 20 07.

Signature of a general partner:

CSH Operator GP LLC
Stephen Suske, Authorized Representative

Filing Fees: **\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)**
Certified Copy (optional): **\$52.50**
Certificate of Status (optional): **\$8.75**

Delaware

PAGE 1

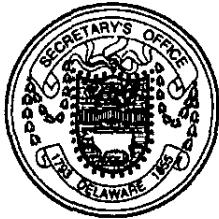
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSH PORT ST. LUCIE LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4319916 8300

070357769



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5536535

DATE: 03-26-07