# B0700000199

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2007 JUN 21 AM 10: 05
SECRETARY OF STATE

207-199

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

#### SUBJECT: Panama II MOB Owners Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

David J Brown						
	(Contact Person)					
The DASCO Com	panies, LLC					
	(Firm/Company)		_			
11360 Jog Road, S	Suite 200				1	5
	(Address)				ALC:	161
Palm Beach Garde	ens, Florida 33418				ART	2007 JUH 21
(C	ity, State and Zip Code)		_		ASS A	2
For further information	on concerning this mat	ter, please call	:		FE, FI	M 10: 05
		, բ	•		25	Ċ
David J Brown		at ( <u>561</u>	) 691	-9900		_ 🖰
(Name of Contac	et Person)	(Area Co	de and Da	ytime Telephone	Number)	
Enclosed is a check fo	or the following amou	nt:				
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Fill and Certified C	_	\$1,061.25 For Certified Copy Certificate of S	, and	
STREET ADDRESS	<b>3:</b>	MAI	LING A	DDRESS:		
Registration Section		Regis	tration S	Section		
Division of Corporation	ons	Divis	ion of C	orporations		
Clifton Building		P. O.	Box 632	27		

Tallahassee, FL 32314

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. Panama II MOB Owners Limited Partnership
(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 3. May 21, 2007
(State or Country of Formation) (Date of Formation)
4. Thomas K. Pierce
(Name of Registered Agent for Service of Process)
5.11360 Jog Road, Suite 200
(Florida street address for Registered Agent)
Palm Beach Gardens, Florida 33418
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 an accept the obligations of my position as registered agent.  By:
Signature of Registered Agent
7. 11360 Jog Road, Suite 200
(Principal office address)
Palm Beach Gardens, Florida 33418
8. If limited partnership is a limited liability limited partnership, check box

11360 Jog Road, Suite 200	
	ing address)
Palm Beach Gardens, Florida 33418	
10. Name, principal office address, and m	ailing address of each general partner:
Panama MOB GP LLC	11360 Jog Road, Suite 200
(Name)	Palm Beach Gardens, Florida 33418
(Name)	11360 Jog Road, Suite 200
-	Palm Beach Gardens, Florida 33418
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

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Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  2. 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 12th day of June 20 07	(Name)	(Street Address)
(Mailing Address)  1. 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.)  2. 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 the entity of the entity is records in the jurisdiction under the law of which it is organized.		(Mailing Address)
1. 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.	(Name)	(Street Address)
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 12th day of June 20 07		(Mailing Address)
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 aw of which it is organized.  Signed this 12th day of June ,20 07	Effective date cannot be prior to nor more	e than 90 days after the date this document is
Signed this 12th day of June ,20 07	2. Attached is a certificate of existence do the delivery of this application to the Floatate or other official having custody of the	orida Department of State, by the Secretary of
	-	ne ,20 07
	Signature of Ageneral partner:	

Page 3 of 3

\$52.50 \$8.75

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PANAMA II MOB OWNERS LIMITED PARTNERSHIP" 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 TWELFTH DAY OF JUNE, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PANAMA II MOB OWNERS LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2007.

FILE MID: 05
2007 JUN 21 AM ID: 05
SECRETARY OF STATE
SECRETARY OF STATE

3300 PAYER

**435**8067 8300 070697825

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5749037

DATE: 06-12-07