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To:

Division of Corporations

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: (850)205-0383

e after 1+070001973263

From:

Account Name

: CORPORATION SERVICE COMPANY /NZC

Account Number : 120000000195

: (850)521-1000

Phone Fax Number

: (850)558-1575

FLORIDA/FOREIGN LP/LLP

ALV APARTMENTS LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

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

1 ALV Apartments Limited Partnership	
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffices: Limited Partn Acceptable Limited Liability Limited Partnership suffice	erskip, Lûnited, L.P., LP, or Ltd.
or LLLP.	
- (If name unavailable, name under which the limited moroces to register to transact business in l	partnership or limited liability limited partnership
	8/3/07
(State or Country of Formation)	(Date of Formation)
4 Corporation Service Company	
(Name of Registered Agent	for Service of Process)
1201 Hays Street	
(Florida street address fo	or Registered Agent)
Tallahassee, FL 32301	
5. I hereby accept the appointment at registered agent comply with the provisions of all statutes relative to the and I am familiar with an accept the obligations of my p Corporation Service	proper and complete performance of my duties, ostition as registered agent. Company Heather Chapman
By Jedelan (hopman as its agent
Signature of Reg	stered Agent
7. 2001 Bryan Street, Suite 3700, Dallas	TX 75201
(Principal office	e address)
8. If limited partnership is a limited liability li	mited martnership, observ how

Page 1 of 3

07 AUG -6 AM 8:

Bryan Street, Suite 3700, Dallas, TX 75201 (Mailing address)			
principal office address, and m	ailing address of each general partner		
akeside Village Limited	2001 Bryan Street, Suite 3700		
ship	Dallas, TX (Street Address)		
247	(Mailing Address)		
(Name)	(Street Address)		
• • • • • • • • • • • • • • • • • • • •	A STATE OF THE STA		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		

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OT NUTS OF STATES

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date o	of filing:
(Effective date cannot be prior to n filed by the Florida Department of	nor more than 90 days after the date this document is State.)
to the delivery of this application to	stence duly authenticated, not more than 90 days prior of the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
Signed this 3rd day	of August 20 07
NF 106 Lakeside Village Lim	lited Partnership GP LLC, sole general partner
by: NF 105 Development	GP LLC, sole general partner
Ev: Maria Abdino	asst Secretary
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREST CERTIFY "ALV APARTMENTS 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 THIRD DAY OF AUGUST, A.D. 2007.

AND I DO HEREEY FURTHER CERTIFY THAT THE SAID "ALV APARTMENTS LIMITED PARTNERSHIP" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2007.

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

4401919 8300 070889038



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5901278

DATE: 08-03-07