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**Division of Corporations** Public Access System

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**EXAMINER** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195

: (850)521-1000

Fax Number

Phone

: (850)558-1575

### FLORIDA/FOREIGN LP/LLLP

FILEAND

#### HHR SINGER ISLAND LIMITED PARTNERSHIP

Certificate of Status	0
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#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1 HHR Singer Island Limited Partnership

Acceptable Limited Partnership suffixes: Limited Pi	lity Limited Partnership, which must include suffix) artnership, Limited, L.P., LP, or Ltd. flixes: Limited Llability Limited Partnership, L.L.L.P.	
(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. June 17, 2009	
(State or Country of Formation)	(Date of Formation)	
4 Corporation Service Company	`	
	gent for Service of Process)	
5,1201 Hays Street		
(Florida street addres	ss for Registered Agent)	
Tallahassee, FL 32301		
6. I hereby accept the appointment as registered ag comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of n		
Corporation Serv	ice Company	
By: Signature of F	Acgistered Agent	
7. 6903 Rockledge Drive, Suite 1500		
(Principal o	office address)	
Bethesda, Maryland 20817		
8. If limited partnership is a limited liability	/ limited partnership, check box	

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SECRETARY OF STATE

9. 6903 Rockledge Drive, Suite 1500 (Mailing address)		
Bethesda, Maryland 20817		
10. Name, principal office address, and mailing address of each general partner:		
HHR Singer Island GP LLC	6903 Rockledge Drive, Suite 1500	
(Name)	Bethesda, Maryland 20817	
	6903 Rockledge Drive, Suite 1500	
	Bethesda, Maryland 20817	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

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SECRETARY OF STATE
AND ANALYSES FLORIDA

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
(reality)	(Sheet Addition)
	(Mailing Address)
11. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date this document is State.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of ly of the entity's records in the jurisdiction under the
Signed this <u>22</u> day	of June ,20 <u>09</u>
Signature of a general partner:	Jan
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HHR SINGER ISLAND 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 TWENTY-THIRD DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HHR SINGER ISLAND LIMITED PARTNERSHIP" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2009.

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

4699825 8300 090639707



AUTHENT CALION: 7377719

DATE: 06-23-09