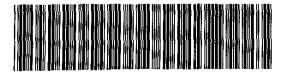
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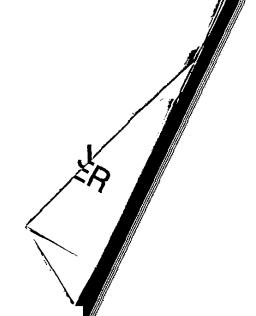
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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Shelbourne Towers, LP  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 partner partnership to transact business in Florida.  Please return all correspondence concerning this matter to:	rship or limited liability limited
Andrea Kelly	
Contact Person	
Grace Development, Inc.	
Firm/Company	
3309 Fairmont Drive	PSE =
Address	岛上丁
Nashville, TN 37203	JUN-6 PH 3: 48  CRETARY OF STATE  CRETARY OF STATE
City, State and Zip Code	E P M
akelly@gracedevelopment.com	滑きり
E-mail address: (to be used for future annual report notification)	15 J. F.
For further information concerning this matter, please call:	ST. O
Andrea Kelly at (615 ) 385-5433	ν.
Name of Contact Person Area Code and Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees (\$965 Filing Fee and Status \$1,008.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	,

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. Shelbourne Towers, LP	
Acceptable Limited Partnership suffixes: Limited Partne	bility Limited Partnership, which must include suffix) rship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	nership or limited liability limited partnership proposes to register to transact rida; must contain acceptable suffix.
2. Tennessee	3. 05/18/1994
State or Country of Formation	Date of Formation
4. Name of Registered Agent for Service of Process and Mr. Robert Field	d Florida Street Address:
265 Sunrise Avenue, Suite 204A	
Palm Beach, FL 33480	
	nd agree to act in this capacity. I further agree to comply with the provisions ormance of my duties, and I am familiar with and accept the obligations of
Signal	ture of Registered Agent
7. Principle Office: (Florida Street Address)	8. Mailing Address:
265 Sunrise Avenue	3309 Fairmont Drive
Suite 204A	Nashville, TN 37203
Palm Beach, FL 33480	artnership, check box \( \begin{array}{c} \begin{array}{c
9. If limited partnership is a limited liability limited pa	artnership, check box
10. Name, principal office address, and mailing addre	
Name of General Partner: Grace Development, Inc.	#P367 Name of General Partner:
0000 F-1	Street Address:
Nashville, TN 37203	
Mailing Address: same as above	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partifer:	Name of General Partner:	
Street Address:	Street Address:	<del> </del>
<del> </del>	Mailing Address:	
12. Attached is a certificate of existence Florida Department of State, by the Secr	ore than 90 days after the date this document is filed by the Flore duly authenticated, not more than 90 days prior to the delivery retary of State or other official having custody of the entity's re	of this application to the
the law of which it is organized.  Signed this day	y of May / 20 11  Signature of a general partner	
The individual signing this document af submitted in a document to the Departm	firm that the facts stated herein are true and the individual is aw tent of State constitutes a third degree felony as provided for in	vare that false information s.817.155, F.S.
Filing Fees: Certified Copy (option Certificate of Status		gistered Agent Fee)

Page 2 of 2

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### STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SHELBOURNE TOWERS LP

3309 FAIRMONT DRIVE Nashville, TN 37203

Request Type: Certificate of Existence/Authorization

Request #:

0039575

Issuance Date: 05/2

Copies Requested:

**Document Receipt** 

Receipt #: 479296

Filina Fee:

Payment-Check/MO - SHELBOURNE TOWERS LP, Nashville, TN

\$20.00

Regarding:

SHELBOURNE TOWERS, L.P.

Filing Type:

Limited Partnership - Domestic

Formation/Qualification Date: 10/18/1994

Status:

Active

Duration Term: Expires: 10/18/2044

Control #:

285247

Date Formed:

10/18/1994

Formation Locale: Davidson County

Inactive Date:

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### SHELBOURNE TOWERS, L.P.

- \* is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Deborah Chaney