Fax Server

9/9/2011 10:06:55 AM PAGE

1/007

Fax Server

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000211295 3)))



H110002112953ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Stronge place critical Fax Number : (850)617-6383 authorisms dem en Madata. From: Account Name : CORPORATION SERVICE COMPANY Account Number: I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515 **Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address pleaser Email Address: FLORIDA/FOREIGN LP/LLLP

LAKE CITY MALL, LP

Certificate of Status	1
Certified Copy	1
Page Count	\$7¥
Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Server

9/9/2011 10:06:55 AM PAGE 3/007 Fax Server

850-617-6381

8/29/2011 11:53:35 AM PAGE 1/001 Fax Server



August 29, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: LAKE CITY MALL, LP

REF: W11000044728.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H11000211295 Letter Number: 011A00020090

> Alri Rina

please

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lake City Mall, LP			_
Name of Foreign Limited Par	thership or Limited Lia	bility Limited Partnership	
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this management of the state of		gister a foreign limited partnership	or limited liability limited
Laurie A. Underwood			
Contact Person			
Hull Storey Gibson Companies, LLC			
Firm/Company			
1190 Interstate Parkway			
Address			
Augusta, GA 30909			
City, State and Zip Code			
lunderwood@hullstoreygibson.com E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, ple	ase call;		F
Laurie A. Underwood	at (706	855-4065	
Name of Contact Person		Daytime Telephone Number	REAL PROPERTY OF THE PROPERTY
Enclosed is a check for the following amount:			30 30 SS
\$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 Filing I and Certified Copy	Fees \$\overline{\text{\$\subset\$}}\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	Y OF STAT
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAHLING ADDRI Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions	DA ST

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

1. Lake City Mall, LP (Name of Limited Partnership or Limited Liab Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership suffixes:	ility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liubility Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited partne business in Florid	ership or limited liability limited partnership proposes to register to transact dia; must contain acceptable suffix.
2. Georgia	3. December 3, 2001
State or Country of Formation	Date of Formation
4. Name of Registered Agent for Service of Process and	Florida Street Address:
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
of all statutes relative to the proper and complete performy position as registered agent. Corporation Service	d agree to act in this capacity. I further agree to comply with the provisions rmance of my duties, and I am familiar with and accept the obligations of c Company Maria Long Assistant Secretary
Signature (Maria Long Assistant Secretary ore of Registered Agent
	8. Mailing Address:
7. Principle Office: (Florida Street Address)	
2469 W US Highway 90, Suite 190	P. O. Box 204227
Lake City, FL 32055	Augusta, GA 30917
·	ma.
9. If limited partnership is a limited liability limited pa	The second secon
Name of General Partner; Lake City Mall Manage	r. Inc. Name of General Partner: 55 &
Street Address 1190 Interstate Parkway	Street Address:
Augusta, GA 30909	000003554
	Mailing Address:
Augusta, GA 30917	
Name of General Partner:	Name of General Partner:
Street Address:	
Mailing Address:	Mailing Address:

9/9/2011 10:06:55 AM PAGE

6/007

Fax Server

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·
(Effective date cannot be prior to nor more than 90 da	ys after the date this document is filed by the Flortda Department of State.)
Florida Department of State, by the Secretary of State the law of which it is organized.	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 24th day of August	3gnature of a general parties James M. Hull, CEO
The individual signing this document affirm that the fa	cts stated herein are true and the individual is aware that false information institutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

II AUG 30 KM SS: 35
SCUIGIARY OF STATE
WHASSEF, FI ORIDA

Control No. 0152013

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

LAKE CITY MALL, LP

Domestic Limited Partnership

was formed or was authorized to transact business on 12/03/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 24th day of August, 2011

B: 14

Brian P. Kemp Secretary of State

Certification Number: 7698418-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify asp