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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LP/LLP
SD SEAPORT THREE LP

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T. HAMPTON

JAN 10 2012

EXAMINER

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

1. SD SEAPORT THREE LP

(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 LL.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. CALIFORNIA

State or Country of Formation

3. 11/04/2010

Date of Formation

4. Federal Employer Identification Number: 27-3889280**5. Name of Registered Agent for Service of Process and Florida Street Address:****PARACORP INCORPORATED****236 EAST 6TH AVENUE****TALLAHASSEE FL 32303**

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 and accept the obligations of my position as registered agent.



Signature of Registered Agent

7. Principal Office:**1775 HANCOCK STREET****SUITE 200****SAN DIEGO, CA 92110****8. Mailing Address:****1775 HANCOCK STREET****SUITE 200****SAN DIEGO, CA 92110**

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: **SD Seaport Three LLC** **m12000000139**
Name of General Partner: _____

Street Address: **1775 Hancock Street #200**
Street Address: _____

San Diego, CA 92110

Mailing Address: **1775 Hancock Street #200**
Mailing Address: _____

San Diego, CA 92110

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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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 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 6th day of January 2012

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fee:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
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**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: SD SEAPORT THREE LP

FILE NUMBER: 201030800024
FORMATION DATE: 11/04/2010
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 8, 2012.

Debra Bowen

**DEBRA BOWEN
Secretary of State**

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