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COVER LETTER

TO: Registration Section Division of Corporations		
BLR-Villa City East, LLC		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	:
Holly L. Collins		
Name of Person		
Nelson Mullins Broad and Cassel		
Firm/Company		
390 N. Orange Avenue, Suite 1400		
Address		
Orlando, Florida 32801		
City/State and Zip Code		
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future annu-	al report notification	1)
For further information concerning this matter, plea	se call:	
Holly L. Collins	407	839-4200
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

Pursuant to section authority:	605.0302(1). Florida Statutes, this limited liability company submits the follo	wing statement of
SECOND: The Florida Document Number of the limited liability company is: BLR-Villa City East, LLC SECOND: The Florida Document Number of the limited liability company is:		
Orland	o, Florida 32801	_
	iling address of the limited liability company's principal office is: Orange Avenue, Suite 1400	_
Orland	o, Florida 32801	- -
position of a person person on the follo 1. May	tatement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwis wing: execute an instrument transferring real property held in the name of the company. Granted to: Holly L. Collins C. Pavid Brown, II	e or to a specific
b	. No authority granted to:	
2. May	enter into other transactions on behalf of, or otherwise act for or bind, the com Granted to:	- بر الم
	C. David Brown, 11	_
Ь	. No authority granted to:	_
HOCLY Signature of author	Holly L. Collins Typed or printed name of the state of t	of signature

Certified Copy: \$30.00 (optional)