M00000000298

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

CORPORATION(S) NAME

W.P. Verifier

5000 *	03133 2/14/000 ***125.00	985)1063006 ****125.	- 3

GH CP Asset Services, LI	.C		
		FS PS	
() Profit () Nonprofit	() Amendment	() Merger	
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark Ess	
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other 500 () Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
) Call When Ready () Call If Problem () Walk In () Will Wait) Mail Out		() After 4:30 (x) Pick Up	
Name Availability Document	02/14/00		
Examiner Updater		M. A. 2538	
Verifier	v	SINO PER S	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	GH CP Asset Services, LI	LC			-	
	(Name of	foreign lim	ited liability company)	18.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
2.	Delaware	-3	23-3018	224		
	(Jurisdiction under the law of which foreign limited li- company is organized)	ability		mber, if applicable)	· · · · · · · · · · · · · · · · · · ·	
4.	9-28-99 (Date of Organization)	5.	Perpetua (Duration: Year limi	1 ted liability company w	vill cease to	 • . 1.
6.	(Date first transacted business in Flori			2, and 817.155, F.S.)	and a second control of	~ ^
7.	353 W. Lancaster Avenue, S	uite_	210	- · · · · · · · · · · · · · · ·	<u> </u>	_ (무료 (소송)
	Wayne, PA 19087	ू. इ.स.		· · · · · · · · · · · · · · · · · · ·		· . ==
	(Street:	address of	principal office)		1 1 1 C	3
8.	If limited liability company is a manager-ma	naged co	mpany, check here	X		<u>.</u>
9.	The usual business addresses of the managin	g membe	rs or managers are	as follows:		7 · 5
	GMH Capital Partners, L.P.		353 W. Lanc	aster Avenue	700]
			Suite 210	27 F 41 F 1		
•			Wayne, PA	19087		
10.	Attached is an original certificate of existence, no more	than 90 daw	s old, duly authenticated	I by the official having c	ustodvofred	
we.	jurisdiction under the law of which it is organized. (A ph slation of the certificate under eath of the translator must	otocopy is:	not accentable. If the ca	rtificate is in a foreign la	nguage, a	
11.	Nature of business or purposes to be conduc	ted or pro	omoted in Florida:		~	,
	please refer to attached			Z.	9.50	
:	Brene Role	rom		LAHAS	OO FE	<i>-</i> 20
	Signature of a member or (In accordance with section 608.40 an affirmation under the penalties	an author	be execution of this docu	ment constitutes	FEB 14 PM/2:	??
	Bruce F. Robinso Typed or pr	n, Vic	e President ne of signee	& Treasgrer	No. Or.	
			- · · ·	~	. ,	

GH CP Asset Services, LLC

<u>business purpose</u>: to act as the general partner of GMH Capital Partners Asset Services, L.P., which entity's sole purpose is to provide property and facility management and other corporate real estate services for office, industrial, retail and apartment (other than student housing) properties



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
GH CP Asset Services, LLC	<u> </u>
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation System (Name)	: <u></u> .
1200 S. Pine Island Rd.	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Plantation 33324 FL	•
City/State/Zip	·

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

6

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GH CP ASSET SERVICES, LLC" 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 SEVENTEENTH DAY OF JANUARY, A.D. 2000.

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

OO FER THE PH THE STATE PALL AHASSEEL FI GRADE

Edward J. Freel, Secretary of State

3103018 8300

AUTHENTICATION:

0202687

001024401

DATE:

01-17-00