MM0038 THE UNITED STATES

ACCOUNT NO. : 072100000032

REFERENCE

598169

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 23, 2000

ORDER TIME : 3:27 PM

ORDER NO. _: 598169-005

CORPORATION

000003145460--6

CUSTOMER NO: 5152386

CUSTOMER: Ms. April Sims

Crestline Capital Corporation

6600 Rockledge Drive

Suite 600

Bethesda, MD 20817-1109

FOREIGN FILINGS

NAME:

CCMH TAMPA WATERSIDE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 24, 2000

CSC

ATTN: JEANINE REYNOLDS

SUBJECT: CCMH TAMPA WATERSIDE LLC

Ref. Number: W0000005037

We have received your document for CCMH TAMPA WATERSIDE LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

A photocopy of the certificate of existence is not acceptable.

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, please call (850) 487-6025.

Letter Number: 100A00009943

Trevor Brumbley Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of foreign limited liability company)	· · · · · · · · · · · · · · · · · · ·			- <u>v</u>
,	Delaware n/a3.				
(On Delaware n/a 3. (Jurisdiction under the law of which foreign limited liability FEI number, if company is organized)	applicable)		-	
1.	4. 02/22/00 December 315.2080				
	(Date of Organization) (Duration: Year limited liabi exist or "perpetual")	ity company will	cease t	lo	
5 .	5. Upon filing of qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 8	17.155, F.S.)	 ;		. '.
7.	7. 6600 Rockledge Drive, Suite 600			 _	America or a second second
	Bethesda, MD 20817-1109 (Street address of principal office)	Table Car - 17 Car	1.	;	— p d an Serve — mil .
3.	3. If limited liability company is a manager-managed company, check here			\subseteq	
).	9. The name and usual business addresses of the managing members or manag	ers are as follo	ows:		À
	James L. Francis, 6600 Rockledge Drive, Suite 600, Bethesda, MD 20817	-1109	7 7 Eq. 450,	• •	
	Tracy M.J. Colden, 6600 Rockledge Drive, Suite 600, Bethesda, MD 2081	7-1109	1		7 mg
	Steven J. Fairbanks, 6600 Rockledge Drive, Suite 600, Bethesda, MD 20	817-1109			TK 9-24 F 2.2
	AND VALUE IN COLUMN AND ADDRESS OF THE COLUM	COLUMN 1 S A S S S S S S S S S S S S S S S S S	. 4		in the land
the	10. Attached is an original certificate of vistence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopies not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)				rds in
11	11. Nature of business or purposes to be conducted or promoted in Florida:				4 . 7. 5.25
	Signature of a member or an authorized representative of (In accordance was section 608.408(3), F.S., the execution of this document of an affirmation under the penalties of perjury that the facts stated herein are transfer.	onstitutes			.:- tibe.

Typed or printed name of signee

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.

STATE OF FLORIDA.				
1. The name of the Lim	ited Liability Company is:			
CCMH Tampa Wa	aterside LLC	·		
2. The name and the Flo	orida street address of the re	egistered agent	and office are:	

The Prentice-Hall Co	orporation System, Inc.
	(Name)
1201 Hays Street	
Florida street addre	ss (P.O. Box <u>NOT</u> ACCEPTABLE)
Tallahassee, 7.	FL 32301
	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..

Multiplicature) (Signature)

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

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CCMH TAMPA WATERSIDE 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2000.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0273861

001089776

3179214 8300

DATE: 02-23-00