0000001545

ACCOUNT NO. :

072100000032

REFERENCE :_ 787914

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: August 4, 2000

ORDER TIME: 10:25 AM

ORDER NO. : 787914-005

CUSTOMER NO: 4320777

600003349356--4 -08/08/00--01044--006

****125.00 ****125.00

CUSTOMER: Ms. Tasha Thompson

Kirkpätrick & Lockhart, Llp

1800 Massachusetts Ave., N.w.

Second Floor

Washington, DC 20036-1800

FOREIGN FILINGS

NAME: PARTNERSHIP MORTGAGE, LLC

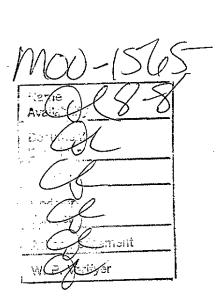
XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

HOITARDGAOO TO HOIZIVIO 01 :SI M9 8- 8UA 00 BEOSINED



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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

	rtnership Mortgage, LLC	me of foreign limited liability company)		
	- (14)			
2. (Jurisd compa	Del aware liction under the law of which foreign lin ny is organized)	3. 59-3653478 (FEI num	oer, if applicable)	
	(Date of Organization)	5. (Duration: Year limite exist or "perpetual")	d liability company will c	case to
6	Upon Qualication (Date first transacted business	in Florida. (See sections 608,501, 608,502	, and 817.155, F.S.)	OD NUO
	4043 Tampa Road, Suite 2800			<u> </u>
7	4045 (4045		-	- 1
	Oldsmar, Florida 34667	(Street address of principal office)		THE P
o The	angual business addresses of the	ger-managed company, check here		1:31 STATE LORIDA
See	attached list of managers and	nanagement committee members	<u> </u>	
			· <u>4</u> .	
			 — — — —	
			- 7.	
_				
	ached is an original certificate of existence ediction under the law of which it is organ ion of the exciticate under eath of the tran	a, no more than 90 days old, duly authoriticate ized. (A photocopy is not acceptable. If the		
the juri translat	ediction under the law of which it is organ ion of the certificate under eath of the tran	a, no more than 90 days old, duly authoriticate ized. (A photocopy is not acceptable. If the		
the juris translat	ediction under the law of which it is organion of the cartificate under eath of the translature of business or purposes to	e, no more than 90 days old, duly authoritical ized. (A photocopy is not acceptable. If the slator must be submitted.) se conducted or promoted in Florida.	. Mortgage Broker	
the juri translat	Signature of a n	e, no more than 90 days old, duly authoritical ized. (A photocopy is not acceptable. If the stator must be submitted.)	Mortgage Broker ve of a member.	

Typed or printed name of signee
SUNTRUST MORT GAGE, INC.

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.

i. The hame of	the Limited Liability Company is:	
Partnersi	ntp Mortgage, LLC	 .
2. The name ar	nd the Florida street address of the registered agent and office are:	OO AUG
	Corporation Service Company (Name)	-8 FLE
	1201 Hays Street address (P.O. Box NOT ACCEPTABLE)	M :: 3
	Tallahassee, FI 32301	

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..

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PARTNERSHIP MORTGAGE, LLC

MANAGER

Dhong Dhong	Business Address/1 none	901 Semmes Avenue	09626 5:::::::::::::::::::::::::::::::::::	Richmond, Virginia 23200		
	Residence Address	COAT D	6005 Bremmon Diave	Glen Allen Virginia		
	Social Security				-	
	Monogon/Pitle/DOR	Managel/ Line/Lon	** 111 73	Harold 1. Brooks	Manager	D.O.B. 2/2/42

MEMBERS

			-			_	_				
Business Address		401 E. Jackson Street	RRE 10 th Floor	Tampa, Florida 33602	4023 Tampa Road	Suite Number 2800	Oldsmar, Florida 34677	4023 Tampa Road	Suite Number 2800	Oldsmar, Florida 34677	
	Ownership Interest	51%	-		24 50%	0/7:57	_	24 50%	0/7:47		
					-	. <u> </u>					
	Federal Tax ID/Social Security Number							C 10			
	Members/Title/DOB		SunTrust Bank	Member		Peter Gillen Timba	Member	D.O.B. 6/23/55	Kenneth Russell Emery	Member	D.O.B. 6/21/42

SECRETARY OF STATE

FILED DO AUG-8 PM 1:31

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 "PARTNERSHIP MORTGAGE 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 FOURTH DAY OF AUGUST, A.D. 2000.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

0601557

DATE:

08-04-00

3243908 8300

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