

ACCOUNT NO. : $=$ 072100000	ACCOUNT	NO.	. :	0721	000	000
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REFERENCE : 7973582

4322603

AUTHORIZATION

ORDER DATE : January 22, 2001

ORDER TIME : 3:23 PM

ORDER NO. : 973582-005

600003568636--3

CUSTOMER NO: 4322603

CUSTOMER: Ms. Lisa A. Morganelli

Locke Liddell & Sapp

2200 Ross Avenue, Suite 2200

Dallas, TX 75201-6776

FOREIGN FILINGS

NAME: SAFEGUARD GP II LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom -- EXT# 1104

EXAMINER:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 25, 2001

CSC

ATTN: TAMARA ODOM

SUBJECT: SAFEGUARD GP II LLC

Ref. Number: W01000001781

We have received your document for SAFEGUARD GP II 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:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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.

Trevor Brumbley Document Specialist Letter Number: 501A00004314

OI JAN 23 ANTI: 03
SECRETARY OF STATE
TALLATIASSEE OF STATE

Comparations P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 24, 2001

CSC

ATTN: TAMARA ODOM

SUBJECT: SAFEGUARD GP II LLC

Ref. Number: W01000001781

We have received your document for SAFEGUARD GP II 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:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 001A00003842

JAN 19 2001 18:14 FR LOCKE LIDDELL 23 2 214 740 6800 TO 8290#041851#7898 P.03

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

' ' <u>B-L</u>	(Name of foreign limited liability company	
Dolaware	3. applied for .	
(Jurisdiction under company is organiz	the law of which foreign limited liability (FEI no	umber, if applicable)
01/19/01	5. perpetual a of Organization) (Duration: Year lig	ited lizbility company will cease to
(1)4	exist or "perpenal") and transitive constitution with person for
01/19/01	te first transacted business in Florida. (See sections 608.501, 608.5	02 and 812 (44 E 5)
•	norial Boulevard, Suite 1150	do, and extracts, trans
Metajrie, Louisia	na 70 0 0\$	
	(Street address of principal office)	
. If limited liabil	ity company is a manager-managed company, check her	e 🗀
. The usual busin	ess addresses of the managing members or managers ar	≃ as follows:
111 Asielaus Me	morfal Boulevard, Suite 1150	
Metaine, Louisia	ga 70005	
.0. Attached is an orig	inal certificate of existence, no more than 90 days old, duly authentica	ted by the official having custody of records in
hejuristiction under f	e law of which it is organized. (A photocopy is not acceptable. If the	
enstation of the certifi	cate under eath of the translator must be submitted.)	7.5
1. Nature of busi	ness or purposes to be conducted or promoted in Florid:	Real Estate Investment
	•	Port Patrice and Control of the Cont
		 කුදු සි
	By!	والمنافع المنافع المنا
	Signature of a member or an authorized representati (in occaviance with section 60%.408(3), P.S., the execution of this do an affirmation under the penalties of perjucy that the facts stated here	neument constitutes 555
	Safeguard Storago Properties, LLC	
	Typed or printed name of signee	ma: Bruch Rock, Tr
LOST - LIVING C.T System Challe	, Na	THE BEAUTIFUL TO THE

LOCATION:512 397 1564

RX TIME 01/23 '01 11:54 Creature of Face

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.

Safeguard	GP II LLC		7:
2. The name a	nd the Florida street add	ress of the registered agent	·
	Corpor	ration Service Company (Name)	
	Florida stree	1201 Hays Street et address (P.O. Box NOT ACCE	PTABLE)
	Tallahassee,	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..

BRIAN COURTNEY, ASST. V.P.

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

S WILLS ON

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State of Delaware Office of the Secretary of State

PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFEGUARD GP II 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 JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES WAVE not been assessed to date.

3346647 8300

010036396

AUTHENTICATION: 0930671

DATE: 01-23-01