



# MO10000001817

ACCOUNT NO. : 072100000032

REFERENCE : 408463 7233280

AUTHORIZATION : *Patricia Pizzuti*

COST LIMIT : \$ 125.00

ORDER DATE : August 8, 2001

ORDER TIME : 9:45 AM

ORDER NO. : 408463-010

CUSTOMER NO: 7233280

CUSTOMER: Ms. Merrilyn Lovelady  
American Land Lease  
29399 Us Highway 19 North  
Suite 320  
Clearwater, FL 33761-2137

800004528398--5

FOREIGN FILINGS

NAME: CR GOLF COURSE MANAGEMENT,  
L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER: *JB*

*8-10-01*

APPROVED  
AND  
FILED  
01 AUG 10 AM 10: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
01 AUG 10 AM 10: 27  
DIVISION OF CORPORATION

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  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CR GOLF COURSE MANAGEMENT, L.L.C.  
(Name of foreign limited liability company)
2. DELAWARE 3. 84-1536186  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. JANUARY 11, 2000 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 29399 U.S. Hwy 19N, Suite 320, Clearwater, FL 33761-2137  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

ALL TRS Holding Company, Inc., sole member and manager

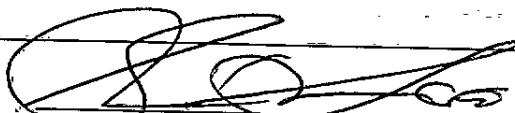
29399 U.S. Hwy 19N, Suite 320, Clearwater, FL 33761-2137

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: all lawful purposes



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shannon E. Smith

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.

1. The name of the Limited Liability Company is:

CR GOLF COURSE MANAGEMENT, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

*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)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CR GOLF COURSE MANAGEMENT, L.L.C." 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 NINTH DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

01 AUG 10 AM 10:58  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

3158038 8300

AUTHENTICATION: 1286884

010388783

DATE: 08-09-01