

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Fax Number : (850)205-0383

From:

Account Name : GRAY, HARRIS, ROBINSON, SHACKLEFORD, FARRIOR

Account Number: I19990000047 Phone : (813)273-5046 Fax Number : (813)273-5145

This Limited Liability Company is replacing One Memorial Center Associates - Phose II,

FOREIGN LIMITED LIABILITY COMPANY

One Memorial Center Associates - Phase II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0≇ نو
Estimated Charge	\$125.00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 2002

GRAY, HARRIS, ROBINSON SHACKLEFORD, FARRIOR

SUBJECT: ONE MEMORIAL CENTER ASSOCIATES - PHASE II, LLC

REF: W02000021974



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Agnes Lunt Document Specialist FAX Aud. #: H02000173180 Letter Number: 102A00046009

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

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		An accordance with	nember or an au th section 608,408(3), I don the penalties of per	F.S., the execution	ofthis	document constitu	ber.		
			K. Fouke, Jr.				_		
			Typed or printed	d name of sign	591				

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:			
One Memorial Center Associates - Phase II, LLC	- 		_
2. The name and the Florida street address of the registered agent and office are:		0;	
William C. McLean, Jr. (Name)		2 JUL 3	
(Name)			
201 N. Franklin Street, Suite 2200	بيد <u></u> والع نسم ــــــ	هر آرمه هادآترمه	(<u></u>
Florida street address (P.O. Box NOT ACCEPTABLE)	- 1	49	
		#	
Tampa FL 33602	-		
(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.



\$:	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 MISSOURI



Matt Blunt Secretary of State

CERTIFICATE OF GOOD STANDING LIMITED LIABILITY COMPANY

I, MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that ONE MEMORIAL CENTER ASSOCIATES - PHASE II, L.L.C.

was filed in this office on the 27th day of FEBRUARY, 2002, became effective on the 27th day of FEBRUARY, 2002, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of JULY, 2002.



