

MO3 000000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03 JAN 21 AM 9:46  
STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MO3-209  
03 JAN 21 PM 2:16  
STATE  
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TALLAHASSEE, FLORIDA  
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**CT CORPORATION**

January 20, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5771049 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:


NCP Development Fund, LLC (AL)  
Registration  
Florida

NCP Development Fund, LLC (AL)  
Certificate of Status-Foreign  
Florida

NCP Development Fund, LLC (AL)  
Obtain Document - Misc - Certified copy of qualification documents  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JAN 21 PM 2:16

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

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

1. NCP Development Fund, LLC  
(Name of foreign limited liability company)
2. Alabama 3. 04-3684764  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 6, 2002 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. None Filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 312 North 23rd Street  
Birmingham, Alabama 35203  
(Street address of principal office)

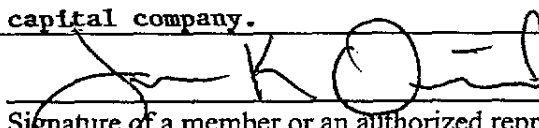
8. If limited liability company is a manager-managed company, check here

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

NCP Development Partners, LLC 312 North 23rd Street, B'ham, AL 35203

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: To own and operate  
a certified capital company.

  
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.)

James K. Outland

Typed or printed name of signee

03 JAN 20 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

**NCP Development Fund, LLC**

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

**CT Corporation System**

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(Name)

**1200 South Pine Island Road**

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

**Plantation**

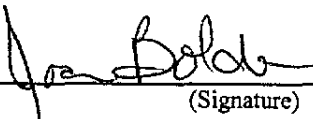
**FL**

**33324**

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(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.*

  
\_\_\_\_\_  
(Signature)

**JOAN BOLDEN**

**ASSISTANT SECRETARY**

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

03 JAN 21 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

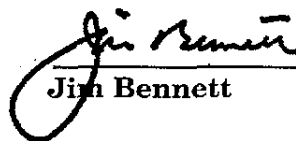
the domestic corporate records on file in this office disclose that NCP Alabama Fund, LLC organized in the office of the Judge of Probate of Jefferson County on June 6, 2002. I further certify that the records do not disclose that said NCP Alabama Fund, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 15, 2003

Date

  
Jim Bennett

Secretary of State