

M030000000639

CT Corporation

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

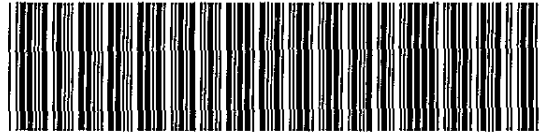
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**CT CORPORATION**

February 24, 2003

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

Re: Order #: 5745670 WO  
Customer Reference 1: ARCO/Murray  
Customer Reference 2: Com. RE XVI

Dear Secretary of State, Florida:

Please file the attached:

Commercial RE Partners XVI-St. Petersburg Surgery Center, L.L.C. (MO)  
Registration  
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.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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

**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. Commercial RE Partners XVI-St. Petersburg Surgery Center, L.L.C.  
(Name of foreign limited liability company)

2. Missouri 3. applied for  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/31/2003 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 01/31/2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 15500 Lightwave Drive, Suite 100, Clearwater, FL 33760  
(Street address of principal office)

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

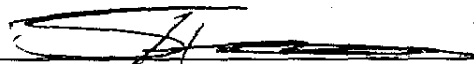
9. The usual business addresses of the managing members or managers are as follows:

Stephen F. Holste, 1750 S Brentwood Blvd, Suite 701, St. Louis, MO 63144

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: \_\_\_\_\_

real estate management

  
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.)

STEPHEN F. HOLSTE

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:

Commercial RE Partners XVI-St. Petersburg Surgery Center, L.L.C.

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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

Plantation

FL 33324

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.*

C T Corporation System

By *D. S. Green*  
(Signature)

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

No. LC0077477

# 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

COMMERCIAL RE PARTNERS XVI-ST. PETERSBURG SURGERY CENTER,  
L.L.C.

was filed in this office on the 31st day of JANUARY, 2003,  
became effective on the 31st day of JANUARY, 2003, 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  
20th day of FEBRUARY, 2003.

  
Secretary of State

