

MO3 000001174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

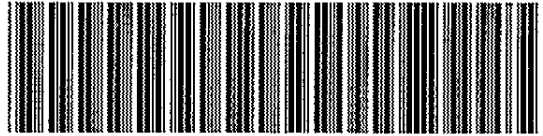
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/03--D1006--001 **135.00

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03 APR 14 PM 3:30
STATE
DIVISIONS
TALLAHASSEE FLORIDA

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03 APR 14 PM 4:15
TALLAHASSEE FLORIDA

MO3-1174

af

CT CORPORATION SYSTEM

April 14, 2003

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

Re: Order #: 5790524 WO
Customer Reference 1: Amy Patterson
Customer Reference 2: MAC Boise ID, LLC

Dear Secretary of State, Florida:

Please file the attached:

MAC Boise ID, LLC (DE)
Registration
Florida

② MAC Boise ID, LLC (DE)
Certificate of Status-Foreign
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.

RECEIVED
TALLAHASSEE, FLORIDA

03 APR 14 PM 4:15

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

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. MAC Boisc ID, LLC (Name of foreign limited liability company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for (FEI number, if applicable)
4. 04/11/2003 (Date of Organization)
5. Perpetual (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. 450 S. Orange Avenue, Suite 900, Orlando, FL 32801 (Street address of principal office)

- 8. If limited liability company is a manager-managed company, check here [X]
9. The name and usual business addresses of the managing members or managers are as follows:

ENLRS Equity Ventures, Inc.
450 S. Orange Avenue, Suite 900
Orlando, FL 32801-3336

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: Transact business
owner/lessor of commercial real property

Signature of a member of 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.)
Dennis E. Tracy, President of Managing Member
Typed or printed name of signee

FILED
03 APR 14 PM 4:15
TALLAHASSEE ASSOCIATES
FLORIDA

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:

MAC Boise ID, LLC

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

CT Corporation System

(Name)

c/o CT 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..

CT Corporation System

PETER F. SOUZA
ASSISTANT SECRETARY

By: _____

(Signature)

FILED
03 APR 14 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

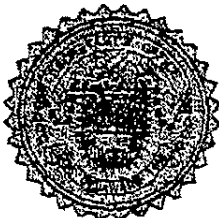
- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAC BOISE ID, 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 ELEVENTH DAY OF APRIL, A.D. 2003.



3646591 8300

030239663

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2361233

DATE: 04-11-03

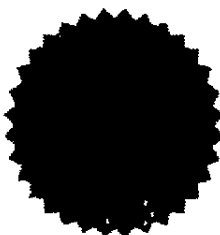
Delaware

PAGE 1

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AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3646591 8300

AUTHENTICATION: 2364007

030243429

DATE: 04-14-03