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Account Name : BRICKLEMYER SMOLKER & BOLVES, P.A.

Account Number : I20010000156 Phone : (813)223-3866

Fax Number : (813)228-6422

FOREIGN LIMITED LIABILITY COMPANY

PUNTA GORDA CROSSINGS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	10-3
Estimated Charge	\$160.00

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 18, 2003

BRICKLEMYER, SMOLHER & BOLVES, P.A.

SUBJECT: PUNTA GORDA CROSSINGS, LLC

REF: W03000023474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley Document Specialist

FAX Aud. #: E03000255871 Letter Number: 103A00046840

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. PUNTA GORDA CROSSINGS, LLC		<u> </u>	.1 s	ਕ_ `	
	an limited liebilit	у сотправу)		-	
2. DELAWARE	3	£1. =	_ · .	# _	
(Jurisdiction under the law of which foreign limited liability company is organized)	y	(FEI nun	iber, if a	plicable)	
4, AUGUST 15, 2003	ç—PERPE	ETUAL			
(Date of Organization)	(Duration	a: Year limite	ed liability "perpetu	company wi al")	l cease to
6 Upon qualification	 _		•	ž.	-
(Date first transacted business in Florida. (S	See sections 608.	501,608.502	, and 517	.155, F.S.)	
7. 401 Commercial Court, Suite A	- T		<u> </u>	17- 17- 18-	连四
VENICE FL 34292	-			₹ <u>-</u>	
(Street addre	se of principal of	ffice)			
8. If limited liability company is a manager-manage	ed company, c	heck here	Z		
North 1 to the con-					1'E1
 The name and usual business addresses of the ma 	anaging memb	ers or man	agers ar	e as follow	S:
PGC Management, LLC, a Delaware LLC,	sol <u>e m</u> embe	r/managa	r		() (*) (*) **
c/o THOMAS H. TAYLOR, JR.				. <u> </u>	
401 Commercial Court, Suite A					
Venice, Fl. 34292	÷ ===			्र स	
Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A plx	otocopy is not acc	authenticated eptable. If th	by the offi e certificat	cial having cu c is in a flucig	stody of records
translation of the certificate under each of the translator must be	be submitted.)			_	
translation of the certificate under oath of the translator must b	·	ı Florida: ˌ	Own, n		perate
translation of the certificate under oath of the translator must b	·	r Florida:	Own, n		perate
I Nature of business or purposes to be conducted of and lease a shopping center Manna H. A. M.	or promoted in	·		nanage, o	perate
Nature of business or purposes to be conducted of and lease a shopping center	or promoted in the promoted in the promoted representation for the promoted representation for the promoted in	esentative	of a men	nanage, o	perate_

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:	18:
PUNTA GORDA CROSSINGS, LLC	-

2.	The name and the	Florida street addre	s of the registered	l agent and office are:
----	------------------	----------------------	---------------------	-------------------------

(Name)

500 E. KENNEDY BLVD., SUITE 200

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

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUNTA GORDA CROSSINGS, 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 NINETEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNTA GORDA CROSSINGS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2003.

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

Warriet Smith Hindson Harriet Smith Windson Secretary of State

AUTHENTICATION: 2589290

DATE: 08-19-03