

M03000002909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

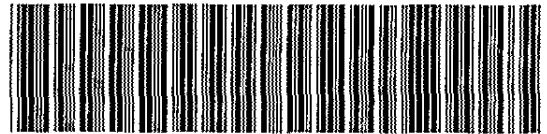
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
03 SEP -2 PM 4:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



900021854799

RECEIVED

03 SEP -2 PM 2:42

STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Handwritten signature

FILED
03 SEP -3 PM 4:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

03 SEP -3 PM 4:59
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005
REFERENCE: -180 0039
(Sub Account)
DATE: 9/2
REQUESTOR NAME: Lexis Document Services/ASC

03 SEP -2 1PM
FILED
STATE COURT CLERK
TALAMON, ILL. FILED

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: AG Buschwood 5, LLC

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

CERTIFIED COPY (1-9) (2 sets, please)
 CERTIFICATE OF STATUS (1-9) (2 Cls, please)
 PLAIN STAMPED COPY

195.00

- Call When Ready
- Walk In
- Hail out
- Call if Problem
- Will Wait
- After 4:00
- Pick Up

**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:**

FILED
STATE
2 PM 9:50
TALLAHASSEE, FLORIDA

1. AG Buschwood 5, LLC
(Name of foreign limited liability company)

2. Delaware 3. 20-0091376
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 8, 2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Immediately upon acceptance of this Application for Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 701 East Byrd Street, 15th Floor
Richmond, Virginia 23219
(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:
The McCullough Portfolio, LLC
6914 Chelsea Road
McLean, Virginia 22101

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 transaction

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.)
Lara D. Coleman, Authorized Person
Typed or printed name of signee

SEP. 2. 2003 11:21AM
AUG. 27. 2003 4:38PM

NO. 070 P. 9
NO. 327

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:

AG Buschwood 5, LLC

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

LexisNexis Document Solutions Inc.

(Name)

1201 Hays Street

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

Tallahassee

FL 32301

(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.

Deborah D. Skipper
(Signature)

Deborah D. Skipper
Asst. V. Pres.

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

03 SEP -2 PM 4:50
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SEP. 2. 2003 11:22AM
AUG. 27. 2003 4:38PM

NO. 070 P. 10
NO. 527 P. 10

Delaware

PAGE 1

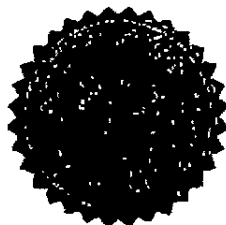
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG BUSCHWOOD S, 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 EIGHTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG BUSCHWOOD S, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2003.

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

03 SEP -2 PM 4:50
STATE
TAMPA, FLORIDA
FILED



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3679126 8300

030448162

AUTHENTICATION: 2517266

DATE: 07-08-03