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September 17, 2003

Florida Secretary of State Registration Section Div. of Corporations 409 E. Gaines Street Tallahassee, FL 32399

VIA FEDERAL EXPRESS

RE: Application for Certificate of Authority and Designation of Registered Agent form for The Residences at Town Center, LLC

Dear Sir or Madam:

Enclosed please find the Application for Certificate of Authority and the Designation of Registered Agent form for The Residences at Town Center, LLC. The original application and the original registered agent form and one copy of each are enclosed. An original certificate of existence, issued by the Georgia Secretary of State's office, is also included with this package. In addition, enclosed is a check for \$125, payable to the Florida Secretary of State. This amount covers the \$100 filing fee for the application and the \$25 fee for the registered agent form. Please return a letter of acknowledgement of the receipt of the application and the registered agent form to the undersigned. We have enclosed a return Federal Express envelope for that purpose.

Should you have any questions regarding this filing or the enclosed documents, or if you require additional information, please feel free to contact the undersigned.

Thank you for your prompt attention to this matter.

Very truly yours

L. Paige Younkins,

for Andersen, Tate, Mahaffey & McGarity, P.C.

Enclosures

#### 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: The Residences at TownCenter, LLC (Name of foreign limited liability company) 2. Georgia 3 = 56-2322690 (Jurisdiction under the law of which foreign limited liability ( FEI number, if applicable) company is organized) 4. 03/03/03 ≅Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 4390 Powers Ferry Rd. Atlanta, GA 30327 (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: MOSAIC CAPITAL PARTNERS II, LLC 4390 Powers Ferry Rd., Atlanta, GA 30327 eFishunt, LLC 21 Sunset Key Drive, Key West, FL 33040 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 Signature of a meruber 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.)

Typed or printed name of signee

Brad Zeitlin

### 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 Com	pany is:
The Re	sidences at TownCenter	, LLC =
2. The name	and the Florida street address	of the registered agent and office are:
	CT Corporation System	m ==
		(Name)
	1200 South Pine Island	d
	Florida street ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)
	Plantation,	<sub>ਸ਼ਾ</sub> 33324
	(1	Ciry/State/Zip)
liability compo registered age statutes relatin	iny at the place designated in t nt and agree to act in this capt g to the proper and complete p	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and dered agent as provided for in Chapter 608, F.S.
	_	Shelley Savage Vice President
	\$ 100.00	Filing Fee for Application
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certifled Copy (optional)

\$ 5.00 Certificate of Status (optional)

#### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0311643
DATE INC/AUTH/FILED: 03/03/2003
JURISDICTION : GEORGIA
PRINT DATE : 09/09/2003

FORM NUMBER : 211

ANDERSEN, TATE, MAHAFFEY & MCGARITY, P.C. SALLIE GILLASPIE

1505 LAKES PARKWAY, SUITE 100

LAWRENCEVILLE, GA 30043

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

THE RESIDENCES AT TOWNCENTER, LLC GEORGIA LIMITED LIABILITY COMPAN

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above dafe and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20030909155903466



Cathy Cox Secretary of State