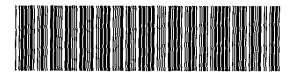
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(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates	of Status						
Special Instructions to Filing Officer:								
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ACCOUNT NO. :-072100000032

REFERENCE : 344892 5124005

AUTHORIZATION :

Patricia Piguto

COST LIMIT : =\$ 125.00

ORDER DATE : December 3, 2003

ORDER TIME : 2:03 PM

ORDER NO. : 344892-085

CUSTOMER NO: 5124005

CUSTOMER: Ms. Mary M. Mcchesney

Aimco

Suite 1100

4582 South Ulster Street Pkwy

Denver, CO 80237

FOREIGN FILINGS

NAME: ATRIUMS OF PLANTATION JV GP,

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- FEXT# 1149

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			The state of the s						
ı.	Atriums of Plantation JV GP, LLC (Name of foreign	n lin	ited liability company)						
3	Delaware	2	20-0417198						
۷,	(Jurisdiction under the law of which foreign limited liability	э,	(FEI number, if applicable)						
	company is organized)								
4.	November 20, 2003	_5.	perpetual						
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")						
_									
6.	upon or after qualification (Date first transacted business in Florida. (So	ee se	ections 608.501, 608.502, and 817.155, F.S.)						
_									
/.	7. 4582 S. Ulster St., Pkwy, Suite 1100, Denver, CO 80237								
	(Street addres	ss of	principal office)						
8.	. If limited liability company is a manager-managed company, check here								
•	Million Maring Company is a Manager Maringe	u 00							
9,	The name and usual business addresses of the ma	nag	ing members or managers are as follows:						
	AIMCO JV Portfolio #1, LLC								
	4582 S. Ülster St., Pkwy, Suite 1100, Denver, CO 80237								
		.,							
			,						
10.	Attached is an original certificate of existence, no more than 9	0 da	ys old, duly authenticated by the official having custody of records in						
	the jurisdiction under the law of which it is organized. (A pho	otoco	ppy is not acceptable. If the certificate is in a foreign language, a						
	translation of the certificate under oath of the translator must be	e su	bmitted.)						
11.	. Nature of business or purposes to be conducted of	ח זכ	romoted in Florida: any lawful purpose						
			· · · · · · · · · · · · · · · · · · ·						
	including but not limited to owning	int	erests in other entities						
			를 <u>했</u>						
	Signature of a member or an au	utho	prized representative of a member.						
	(In accordance with section 608.408(3), 1	F.S.,	the execution of this document constitutes						
	an affirmation under the penalties of per	jury	that the facts stated herein are true.)						

Derek S. McCandless, Authorized Representative
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.

4 m									
1. The name of the Lir	nited Liability Compa	any is:							
Atriums of Planta	ation JV GP, LLC		<u>a ti tu</u>	4.1					
2. The name and the F	lorida street address o	of the registered	agent and office	are:					
	Corporation Service Company								
	(Name)								
	120	 1 Have Stree	a+						
	Florida street address (P.O. Box NOT ACCEPTABLE)								
			- ,						
	Tallahassee	FL	32301						
	(C	ity/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)	· · · · · · · · · · · · · · · · · · ·	. ₹1						
Lynette Coleman	1								
as its agent	\$ 100.00	Filing Fee for							
	\$ 25.00 \$ 30.00	Designation of Certified Cop	f Registered Age	ent					
	\$ 30.00 \$ 5.00	-	y (optional) Status (optional))					

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRIUMS OF PLANTATION JV GP, 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 THIRD DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATRIUMS OF PLANTATION JV GP, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2003.

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



Varriet Smith Windson Serretary of State

AUTHENTICATION: 2784350

DATE: 12-03-03

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