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(Requestor's Name)			
(Address)	700038875		
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	FLORIDA		
Special Instructions to Filing Officer:			
	Will Table 1 - 198		
Office Use Only			



5887



ACCOUNT NO. : 072100000032

REFERENCE 797960

4305738

AUTHORIZATION

COST LIMIT : \$ 195.00

ORDER DATE : July 9, 2004

ORDER TIME : 2:53 PM

ORDER NO. : 797960-005

CUSTOMER NO: 4305738

CUSTOMER: Karla S. Williams

Hirschler Fleischer

Bldg. 701, Federal Reserve Bank Building 701 East Byrd

Richmond, VA 23219

FOREIGN FILINGS

NAME: AG BEAUMONT 11, LLC

XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY (2)
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING (2)

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

NO. 3365 P. 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

	TRANSACT BUSINESS IN FLURIDA
IN LIN	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ATTEMPTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AG. Beaumont, 11. LLC
1	AG Beaumont 11, LLC
A.,	(Name of foreign limited liability company)
2.	Delaware [Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	07/08/04 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Immediately upon filing this Application for Authority (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	c/o Hirschler Fleischer, 701 E. Byrd Street, 15th Fl., Richmond, VA 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:
	Maria L. Negrete
	c/o Hirschler Fleischer, 701 E. Byrd St., 15th Fl., Richmond, VA 23219
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 eath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	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
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the faces stated herein are true.)

Karla S. Williams, Authorized Representative Typed or printed name of signee

FAX NO. 2175444657 NO. 3365 r. 4 P. 03

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 t	the Limited Liability Comp	any is:		
AG Beaumont	11, LLC			
2. The name and	I the Florida street address	of the registe	ered agent and office are:	
	Corporat	ion Servi	ca Company	
•		(Name)		
1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL	32301	
	(0	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) Lynette Coleman as its agent

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG BEAUMONT 11, 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. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG BEAUMONT 11, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2004.

Warriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3222354

DATE: 07-08-04