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#### FLORIDA FILING & SEARCH SERVICES, INC P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 07-21-04 NAME: HARBOUR PHASE I MEZZANINE, LLC TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS COST: \$125 **RETURN:** 

AUTHORIZATION:

ACCOUNT: FCA00000015

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

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

	Phase I Mezzanine, LLC  (Name of foreign limited liability company)
<b>1</b> ~ 1	
Delawar Iurisdicti	on under the law of which foreign limited liability (FEI number, if applicable) company is organized)
July 20	(Date of Organization) (Duration: Year limited liability company will cease to
Upon o	exist or "perpetual")  [Ualification.  (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
1980 P	ost Oak Boulevard, Suite 1600, Houston, Texas 77056
	(Street address of principal office)
If limit	ed liability company is a manager-managed company, check here
The nai	ne and usual business addresses of the managing members or managers are as follows:
Harbou	r Phase I JV, LLC, 1980 Post Oak Boulevard, Suite 1600, Houston, Texas 77056
the juris	is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under cath of the translator must be submitted.)
. Natur	e of business or purposes to be conducted or promoted in Florida: To acquire and own interest in
Harbou	r Phase I Owners, LLC and any other lawful act or activity.
	to clark of
	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)
	Michael R. Shaw
	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 Limite	d Liability Comp	pany is:				
Harbour Phase I Mezzanine, I	LC	····		<del></del> _		
2. The name and the Flori	la street address	of the register	ed agent and office are:	:		
Capitol Co	porate Services, Inc	c.				
	(Name)					
1333 N D	1333 N Duval St. 32303					
Florida street address (P.O. Box NOT ACCEPTABLE)						
Tallahasse	:	FL	32303			
	(	City/State/Zip)		<del></del>		

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.

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

## Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARBOUR PHASE I MEZZANINE, 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 TWENTIETH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARBOUR PHASE I MEZZANINE, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2004.

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

Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3243924

DATE: 07-20-04

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