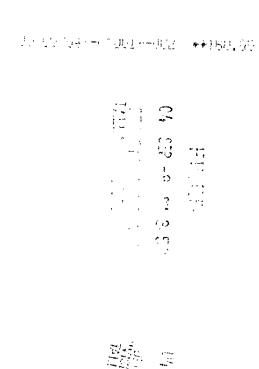
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

| 1. | HARBOR PLACE, LLC |
|-----|---|
| | (Name of foreign limited liability company) |
| | Mississippi 3, 64-0866188 |
| • | Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) 3. 64-0866188 (FEI number, if applicable) |
| | June 4, 2004 (Date of Organization) 5. (Duration: Year limited liability company will cease to |
| | (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| | Planning to transact business in near future. |
| | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| 7. | 117 North Broadway Street, Tupelo, MS 38804 |
| | |
| | (Street address of principal office) |
| | |
| | |
|). | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recont 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: purchase and develop |
| | investment property in the State of Florida, or other locations determined by the Members. |
| | 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.) |

Typed or printed name of signee

Michael D. Greer

GREER, PIPKIN & RUSSELL

ATTORNEYS AT LAW

ATTORNEYS:
MICHAEL D. GREER
ANNA GATHERINE PIPKINT
FRANK A. RUSSELL
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OF COUNSEL:

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128-A COURTHOUSE SQUARE OXFORD, MISSISSIPPI 38655 MAILING ADDRESS: POST OFFICE BOX 547 OXFORD, MISSISSIPPI 38655-0547 TELEPHONE: (662) 513-3700

FROM THE DESK OF: MICHAEL D. GREER

September 1, 2004

Florida Department of State Registration Section – Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Harbor Place, LLC

Application to Transact Business in Florida

To Whom It May Concern:

I have enclosed with this letter the following documents:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 2. Certificate of Existence from State of Mississippi (this document is a duly authenticated original certificate and may be verified online at http://www.sos.state.ms.us/busserv/corp/verify);
- 3. Our firm's check in the amount of \$160.00 made payable to the Florida Department of State to cover filing fees and the cost of a Certified copy of the Order as well as a Certificate of Status in this matter.

Your assistance and prompt attention will be certainly appreciated.

Very cordially yours,

Michel a Dead

MICHAEL D. GREER

MDG/spj Enclosures

cc: David A. Theriaque, Esq.

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: | |
|----------------|--|-----|
| Harbor Place | e, LLC | |
| 2. The name an | ed the Florida street address of the registered agent and office are | 10 |
| | David A. Theriaque, Esq. | 700 |
| | (Name) | |
| | 1114 E. Park Avenue | |
| | Florida street address (P.O. Box NOT ACCEPTABLE) | |
| | Tallahassee, FL 32301-2651 | |
| | (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.

Dand a. Denogni (Signature)

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

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

HARBOR PLACE, LLC

Formed June 3, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

117 N BROADWAY PO BOX 907 TUPELO MS 38802

and that the registered agent at that address is:

GREER, MICHAEL D

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ARY OF STATE OF STATE

Given under my hand and seal of office June 10, 2004

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 6467964-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify