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Division of Corporations

Fax Number

: (850)205~0383

Account Name

: FOLEY & LARDNER Account Number : 072720000061

Phone Fax Number : (904)359-2000 : (904)359-8700

FOREIGN LIMITED LIABILITY COMPANY

mgp port st lucie lle

Certificate of Status	0
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Fax Audit No. H04000186107

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:

I. MGP Port St. Lucie, LLC	
(Name of Foreign L	imited Liability Company)
Delaware (Jurisdiction under the law of which foreign limited lise company is organized)	3. 20-1393178 ability (FEI number, if applicable)
4. July 6, 2004 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. July 6, 2004 (Date first transacted busine (See sections 608.501 & 608.	ess in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
7. 1938 Fairview Avenue East, Suite 300	
Seattle, WA 98102 (Street A	Address of Principal Office)
8. If limited liability company is a manager-ma	anaged company, check here
9. The name and usual business addresses of th	ne managing members or managers are as follows
Memill Gardens L.L.C.	
1938 Fairview Avenue East Suite 300	ASSE
Seattle, WA 98102	717
	then 90 days old, duly authenticated by the official having custody of records i hotocopy is not acceptable. If the certificate is in a foreign language, a t be submitted.)
11. Nature of business or purposes to be conduc	cted or promoted in Florida: real estate rental
(In accordance with section 608.4 an affirmation under the penalties	r an authorized representative of a member. 108(3), F.S., the execution of this document constitutes as of perjury that the facts stated herein are true.)
David C. Cook, Authorized	Representative

Typed or printed name of signee

Fax Audit No. H04000186107

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:	
MGP Port St. Lucie, LLC	
2. The name and the Florida street address of the registered agent and office are:	
F&L Corp.	
(Name)	
One Independent Drive, Suite 1300	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jacksonville FL 32202	_
City/State/Zip	SECHE
Having been named as registered agent and to accept service of process for the above stated is liability company at the place designated in this certificate, I hereby accept the appointment as	Mited
agent and agree to act in this capacity. I further agree to comply with the provisions of all stal relating to the proper and complete performance of my duties, and I am familiar with and acce obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes	utes pt the
Charles V. Holl	₹n: 9
(Signature) Charles V. Hedrick, Authorized Signatory	

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

Fax Audit No. H04000186107

)elaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MGP PORT ST. LUCIE, 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 SIXTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MGP PORT ST. LUCIE, LLC" WAS FORMED ON THE SIXTH DAY OF JULY, A.D. 2004.

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

3825170 8300 040495219



Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3215891

DATE: 07-06-04