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ACCOUNT	NO.	:	072100000032

REFERENCE : 921750, 5040795

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 11, 2004

ORDER TIME: 10:06 AM

ORDER NO. : 921750-045

CUSTOMER NO: 5040795

CUSTOMER: Ms. Susan Jeffrey

Manufactured Home

Suite 800

Two North Riverside Plaza

Chicago, IL 60606

#### FOREIGN FILINGS

NAME: MHC - NHC-FL16 GP, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

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

1. MHC - NHC-FL16 GP, L.L.C.		1
	nited Liability Company)	The same of the sa
2. Delaware	3. N/A = 55 70	'an
(Jurisdiction under the law of which foreign limited liab company is organized)	oility (FEI number, if applicable)	FILED WIND
4. February 17, 2004	5 perpetual	.0
(Date of Organization)	(Duration: Year limited liability company will cease for exist or "perpetual")	
6. upon filing		
(Date first transacted business (See sections 608.501 & 608.50	s in Florida, if prior to registration.) 02 F.S. to determine penalty liability)	. •
7. Two North Riverside Plaza, Suite 800		
Chicago Illinois 60606		
Chicago, Illinois 60606 (Street Ad	Idress of Principal Office)	
9. The name and usual business addresses of the  Member: MHC Encore Holdings, L.L.C.	managing members or managers are as follows:	_
Member: MHC Encore Holdings, L.L.C.		-

David W. Fell, Vice President

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.

o mi		
2. The nam	ne and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FT 32301	
,	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, Florida Statutes.

By: (Signature)

\$ 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 "MHC - NHC-FL16 GP, L.L.C." 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 ELEVENTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC - NHC-FL16 GP, L.L.C." WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2004.

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

Harriet Smith Hindson

3765381 8300

040732400

AUTHENTICATION: 3403015

DATE: 10-11-04