Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax addit number (shown below) on the top and bottom of all pages of the document.

(((H050000111873)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

Phone

Account Name

: C T CORPORATION SYSTEM

Account Number : PCA000000023 : (850)222-1092

Fax Number

(850) 222-9428

EOREIGN LIMITED LIABILITY COMPANY

IMT Polo Apartments LLC

Certificate of Status	00
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Stactronic Fring Menus

Germenate Filings

Public Accord their

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

IN COMPLIANCE WITH SECTION (DESIG, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A FUREIGN LEMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. IMT Polo Apertments LLC (Name of foreign limited liability company) 3. none - disregarded entity Delaware (FEI member, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) . 2005 January (Duration: Year limited liability company will ocase to exist or "perpatual") (Date of Organization) 6. upon qualification (Date first transacted business in Florida. (See sections 608.501, 508.502, and 817.155, F.S.) 7. c/o investors Management Trust Real Estate Group Inc. 13400 Ventura Boulevard, Sherman Oaks, California 91423 (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: IMT-LB Central Florida Holdings 14 LLC c/o Investors Management Trust Real Estate Group Inc. 13400 Ventura Boulevard, Sherman Oaks, California 91423 10. Attached is an original certificate of existence, no more from 90 days old, duly authenticated by the official having outody of records in the jurisdiction under the leavest which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under only of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Own and operate residential apartment properties Signature of a member order sufficized representative of a member. (In accordance with section 604.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated horois are true.) Quentin D. Vaughan, authorized representative of member

Typed or printed name of signes

## 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.

	of the Limited Li Apartments Ll	iability Company is:			
2. The name	and the Florida s	street address of the re	gistered agent	and office are:	
	CT Corpor	ation System			
		(Nam)	9)		
	1200 South	Pine Island Road			
	Florida street address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL	33324		
		(City/State	Zip)		
liability comp registered ag statutes relati	eany at the place o ent and agree to s ing to the proper i	designated in this cert act in this capacity. I j and complete perform	ificate, I hereby further agree to ance of my dut	ocess for the above stated limited y accept the appointment as o comply with the provisions of all ies, and I am familiar with and ed for in Chapter 608, F.S.	
م	் கியு-	CONNIE BRYNG SPECIAL ASSISTA	nt secreta	₹ <b>*</b>	
	(Signature	)	<del></del>		
		S 100.00 Fills	g Fee for App	lication	

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMT POLO APARTMENTS 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 THIRTEENTH DAY OF JANUARY, A.D. 2005.

3911939 8300 050032938

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3617793

DATE: 01-13-05