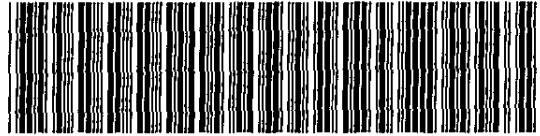


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
B7C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 14 PM 1:43
DIVISION OF REGISTRATION

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number: FCA000000017
Reference: _____
(Sub Account)
Date: 2/14/05
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 224-1585
Contact Name: Kim Pullen, CLA (ext. 5261)

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TALLAHASSEE, FLORIDA

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Corporation Name: Long Pointe, LLC

Entity Number: _____
Authorization: Kim Pullen

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Certificate of Status |
| <input checked="" type="checkbox"/> New Filings | <input type="checkbox"/> Plain Stamped Copy |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Annual Report |
| | <input type="checkbox"/> Amendments |
| | <input type="checkbox"/> Registration |

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

CF Internal Use Only
Client: 49847 Matter: 22370
Name: Mike P. Office: TAL

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

FILED
05 FEB 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Number: FCA000000017
Reference: _____
(Sub Account)
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Requestor Name: Carlton Fields
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Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name: Long Pointe, LLC
Entity Number: _____
Authorization: Kim Pullen

Certified Copy
 New Filings
 Fictitious Name
 Plain Stamped Copy
 Amendments
 Certificate of Status
 Annual Report
 Registration

(X) Call When Ready (X) Call if Problem () After 4:30
(X) Walk In () Will Wait (X) Pick Up

CF Internal Use Only
Client: 49847 Matter: 22370
Name: Mike D. Office: TAL

FILED
05 FEB 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION 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. Long Pointe, LLC
(Name of Foreign Limited Liability Company)

2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1849550
(FEI number, if applicable)

4. 11/9/04
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Have not transacted business in FL as of this date
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 630 Richmond Hill Drive
Macon, GA 31210
(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:
Lec Lipeberger Managing Member
630 Richmond Hill Dr.
Macon, Ga. 31210

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: Real estate investments

Lec Lipeberger Managing Member
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.)
Lec Lipeberger
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 Limited Liability Company is:

LONG POINTE, LLC

2. The name and the Florida street address of the registered agent and office are:

CFRA, LLC

(Name)

4221 WEST BOY SCOUT BOULEVARD

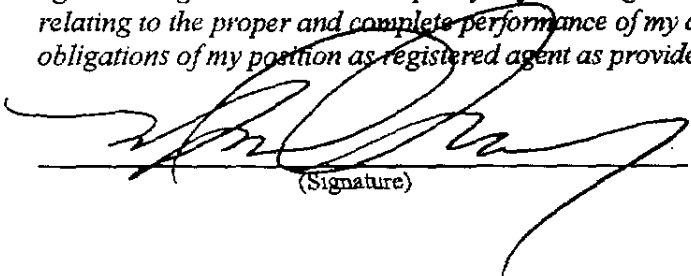
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TAMPA

FL 33607

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.



(Signature)

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0467312
DATE INC/AUTH/FILED: 11/09/2004
JURISDICTION : GEORGIA
PRINT DATE : 02/14/2005
FORM NUMBER : 211

CARLTON FIELDS, P.A.
MICHAEL P. DONALDSON
215 SOUTH MONROE STREET
SUITE 500
TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

LONG POINTE, LLC
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050214153702865



Cathy Cox
Secretary of State