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From:

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FOREIGN LIMITED LIABILITY COMPANY

FLA Manager LLC

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Certificate of Status	1
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#### H050001630993

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

IN CO. FORE	MPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A GN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. <u>FI</u>	A Manager LLC (Name of foreign limited liability company)
	(Name of foreign figures hapility combany)
	laware  3. Applied For isdiction under the law of which foreign limited (FEI number, if applicable) liability company is organized)
4. <u>Ju</u>	(Date of Organization)  5. December 31, 2064 (Duration: Year limited liability company will cease to exist or "perpetual")
6. Ut	on Acceptance
<u></u>	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.15; F.S.)
7. <u>c/c</u>	Capital Partners, Inc., One Independent Center Drive, Suite 114
Jac	ksonville, Florida 32202
	(Street address of principle office)
8. If 1	imited liability company is a manger-managed company, check here
	e name and usual business addresses of the managing members or managers are as follows:
c/o	Capital Partners, Inc.
One	Independent Center Drive, Suite 114
	sonville, Florida 32202
h: ac	trached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the inslator must be submitted.)
11. N	ature of business or purposes to be conducted or promoted in Florida: Acquire, hold, operate, manage, develop, lease, sell, exchange and otherwise dispose of real-estate located in Florida.
	Signature of a member of 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 nuc.)

Russell P. Hintze

Typed or printed name of signee

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#### CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited Liability Company is:

FLA Manager LLC

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

William G. Evans (Name)

c/o Capital Partners, Inc., One Independent Center Drive, Suite 114 Florida street address (P.O. Box NOT ACCEPTABLE)

> Jacksonville, FL 32202 (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 completes performance of my duties, and I am familiar with and accept the obligations of my position as registered figent as provided for in Chapter 608, F.S.

(Signature)

\$100.00 5 25.00 Filing Fee for Application

Designation of Registered Agent

S 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

GREENBERG TRAURIG

NO. 598 P. 4

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# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL MANAGER 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FL MANAGER ILC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2005.

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



3991360 8300 050531321

arriet Smith Hindson

Harrier Smith Windsor, Secretary of State

AUTHENTICATION: 3980 405000163099 3

DATE: 06-27-05