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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	540 West Point Drive,	LLC				
	(Name of Lin	nited Liability Company)				
Florida," Cert		ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited				
Please return	all correspondence concerning this i	natter to the following:				
	Brandea P. Averett	75 o				
	(N	ame of Person)				
	Gunn & York, LLP	irm/Company)				
	(Fi	irm/Company)				
	5800 One Perkins Place					
		(Address)				
·		1808 tate and Zip Code)				
For forther in	Composition composition this weather al					
For juriner in	formation concerning this matter, pl	ease can:				
Bra	ndea P. Averett	at (225) 767-1550				
***************************************	(Name of Person)	(Area Code & Daytime Telephone Number)				
MAILING ADDRESS:		STREET ADDRESS:				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	check for the following amount: 5.00 Filing Fee \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of	-				

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:

540 West Po	int Drive, LLC				
	(Name of Foreign Li	mited Liab	ility Company)		
Louisiana		3.	20-3878948		
(Jurisdiction under the la company is organized)	w of which foreign limited lia	bility	(FEI numb	er, if applicable)	
December 2,		5.	December 2,		
(Date of (Organization)		(Duration: Year limited exist or "perpetual")	liability company will co	ease to
Jan	uary 1, 2006 (Date first transacted busines			-	
	(See sections 608.501 & 608.5	502 F.S. to	determine penalty liabilit	y)	
668	South Foster Dr	ive		TAS	2
Bat		0806	Principal Office)	LAAL	
	(Street A	daress of	rincipal Office)	S.A.	2
If limited liability c	ompany is a manager-ma	naged co	mpany, check here	SEE OF	2 11
The name and usua	l business addresses of th	e manag	ing members or mana	gers are as follows:	ယ္ () ယ္
Bodo Claus,	Co-Manager 668	South	Foster Drive	Baton Rouge	
Katherine_F	Roy Claus, Co-Mar	nager	(same addres	ss)	
Michael Cla	us, Assistant Ma	nager	(same addres	ss)	
jurisdiction under the law	ertificate of existence, no more t w of which it is organized. (A pl under oath of the translator must	hotocopy is	not acceptable. If the certi	the official having custo ficate is in a foreign lang	dy of records in uage, a
. Nature of business	s or purposes to be condu	cted or p	romoted in Florida: _		
To manager	real estate	-(•
	1400	20	teus		
	Signature of a member of (In accordance with section 608.4 an affirmation under the penaltie	108(3), F.S.	the execution of this docum	ent constitutes	- -
	Bodo Claus, (<u> </u>	
	Typed or	printed n	ame of signee		, vita

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

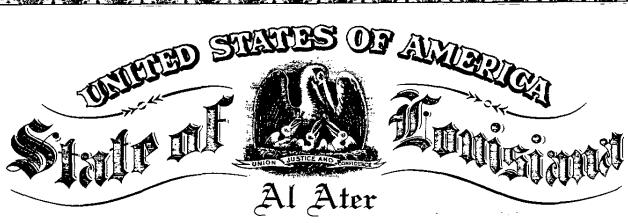
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Company is:		
540	West Point Drive, LLC		
2. The name	and the Florida street address of the registered agent and office are:		
	Thomas L. Powell	OS DEC	
	(Name)	C 27	*
	803 North Calhoun Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	F 5 4	J
	Tallahassee, 7% 37FD 32303 City/State/Zip	33 DRIDA	

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

As Secretary of Plate, of the State of Louisiana, I do hereby Certify that a copy of the Articles of Organization and Initial Report of

540 WEST POINT DRIVE, LLC

Domiciled at BATON ROUGE, LOUISIANA,

Was filed and recorded in this Office on December 19, 2005,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

SOEC 27 PM 3: 33

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 19, 2005

DBE 36075930K

Secretary of State

