

MD6000001217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

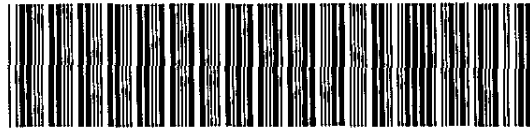
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*[Handwritten signature]*

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03/01/06--01001--014 \*\*155.00

FILED

2006 FEB 28 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 28 PM 4:46

CLERK OF SUPERIOR COURT

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ED

**DATE:** 02/28/06

**REF. #:** 0150.48603

**CORP. NAME:** HC DOLPHIN REEF PROPERTIES, L.L.C.

**FILED**  
2006 FEB 28 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

**STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**CLERK OF THE COURT**  
**STATE OF FLORIDA**  
**2006 FEB 28 AM 8:33**

- HC DOLPHIN REEF PROPERTIES,  
L.L.C., Delaware limited liability company**

Title: VZCA 17761200-1

**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 **HC DOLPHIN REEF PROPERTIES,  
L.L.C.**
2. The name and Florida street address of the registered agent and office are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

*Having been named as registered agent and to accept service of process for the above named  
limited liability company at the place designated in this certificate, the undersigned hereby  
accepts the appointment as registered agent and agrees to act in this capacity. The undersigned  
further agrees to comply with the provisions of all statutes relating to the proper and complete  
performance of its duties, and the undersigned is familiar with and accepts the obligations of its  
position as registered agent as provided for in Chapter 608, F.S.*

CORPDIRECT AGENTS, INC.

By:   
Print Name: Ed Lacey  
Title: Asst Secretary

# Delaware

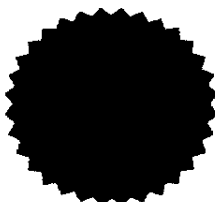
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HC DOLPHIN REEF PROPERTIES, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HC DOLPHIN REEF PROPERTIES, L.L.C." WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2006.

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



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

4110056 8300

AUTHENTICATION: 4556079

060197227

DATE: 02-28-06