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From:

: GREENBERG TRAURIG (ORLANDO) Account Name

Account Number : 103731001374 Phone : (407)418-2435 : (407)420-5909 Fax Number

## **FLORIDA/FOREIGN LIMITED LIABILITY CO.**

DIVISION OF CORPORATION

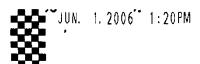
## LND Owner LLC

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2006 JUN -1 A 10: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Division of Corporations

June 1, 2006

GREENBERG TRAURIG

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SUBJECT: LND OWNER LLC REF: W06000025119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist FAX Aud. #: E06000146454 Letter Number: 206A00038076

## H060001464543

NO. 175 P.

APPLICATION BY FOREIGN LIMITED LIA TO TRANSACT BU		
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STA FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT	SINESS IN FLORIDA  SECRETARISTER AS THE FOLLOWING IS SUBMITTED TO REGISTER AS TO BUSINESS IN THE STATE OF FLORIDA:  MASSEE, FLORIDA	
1. LND Owner LLC		
(Name of foreign limited liability company)		
Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)	3. Applied For (FEI number, if applicable)	
4. May 25, 2006	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Acceptance  (Date first transacted business in Florida. (See	sections 608.501, 608.502, and 817.155, F.S.)	
7. c/o Capital Partners, Inc., One Independent Drive	e, Suite 114	
Jacksonville, Florida 32202		
(Street address of	f principle office)	
8. If limited liability company is a manger-managed con	mpany, check here	
<ol> <li>The name and usual business addresses of the manag PGR Holdings LLC</li> </ol>		
c/o Capital Partners, Inc.		
One Independent Drive, Suite 114		
Jacksonville, Florida 32202		
having custody of records in the jurisdiction under acceptable. If the certificate is in a foreign lang translator must be submitted.)	more than 90 days old, duly authenticated by the official r the law of which it is organized. (A photocopy is not mage, a translation of the certificate under oath of the	
11. Nature of business or purposes to be conducted or finance, develop, lease, sell, exchange and otherwise dis	r promoted in Florida: Acquire, hold, operate, manage,	

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.)

William G. Evans Typed or printed name of signee H060001464543

JUN. 1. 2006 1:21PM

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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 FLORIDATION

1. The name of Limited Liability Company is:

LND Owner LLC

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 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 acf 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 Thapter 608, F.S.

(Signature)

\$100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) H060001464543



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The First State

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LND OWNER 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-SIXTH DAY OF MAY, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LND OWNER LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2006.

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Warriet Smith Windson Harriet Smith Windson Secretary of State

viet Smith Windsor, Secretary of State

AUTHENTICATION: 47781.75

DATE: 05-26-06

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