20674 Division of Corpor

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000291056 3)))



Sote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

Account Name

: WHITE & CASE

Phone

Account Number : 075410002143 : (305)371-2700

Fax Number

: (305)358-5744

#### FLORIDA/FOREIGN LIMITED LIABIL!TY CO.

AMB BEACON LAKES 10, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

1519617-6001

Electronic Filing Menu

Corporate Filing Menu

Help

12/8/2006

Fax And t NO. H06000291056

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMICTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	AMB BEACON LAKES 10, LLC
-	(Name of Foreign Limited Liability Company)
	DELAWARE 3
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	12/7/06 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
б.	Upon qualification
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	355 Alhambra Circle, Suite 900
	Coral Gables, Florida 33134
	(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:
	AMB Godina Beacon Lakes, LLC Series 1
	355 Alhambra Circle, Suits 900
	Coral Gables, Florida 33134
he	Attached is an original cartificate of existence, no more than 90 days old, they authenticated by the original having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under outhor the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: ANY AWFUL PURPOSE
	Allen OFCOTT
	Signature of a member or an authorized representative of a nomber. (In accordance with acction 603,408(3), F.S., the execution of this document constitutes an affirmation under the possities of perjury that the facts stated herein are true.)
	Kolleen O.P. Cobb
	Typed or printed name of signee

Fax And t NO. H06000291056

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

TO DESIGNATE A R. FLORIDA.	egistered o	FFICE AND RE	GISTERED AGE	NT IN THE STATE OF	
1. The name of the Li	mited Liability	Company is:			
AMB BEACON L	AKES 10, LL	.c			

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

Kolleen O.P. Cobb	SEC DO D
(Name)	星界型
355 Alhambra Circle, Suite 900	183 00 FE
Florida Street Address (P.O. Box NOT ACCEPTABLE)	用。至0
Coral Gables FL 33134	<b>经</b> 5
City/State/Zip	200

Having been named as registered agent and to accept service of process for the chove 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 provis. ons 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, Fl rida Statutes.

\$ 100.00 Filing Fee for Application

\*\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Fax Aud it NO. H06000291056

PAGE 1

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMB BEACON LAKES 10, ILC" 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 RU:CORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2006.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID 'AMB BEACON LAKES 10, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2006.

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

4264506 8300 061124425



Harner Smith Winder ; Secretary of State

AUTHENTICATION: 5260709

DATE: 12-08-06