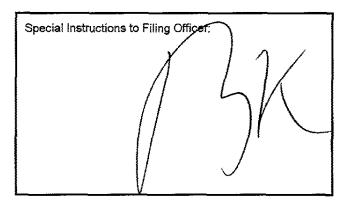
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Office Use Only



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TO ACKING ALEDGE SUFFICIENCY OF FILING RECEIVED

DEPARTMENT OF STATE

NOT IN -2 PM 2: 5



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: January 2, 2007

ORDER TIME : 1:17 PM

ORDER NO. : 693731-010

CUSTOMER NO: 4304394

#### FOREIGN FILINGS

NAME:

CLPF - LEHIGH ACRES STORAGE

GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

	<u> </u>
	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
1.110	ITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	CLPF - LEHIGH ACRES STORAGE GP, LLC
	(Name of Foreign Limited Liability Company)
2	Delaware 3
Z., 7	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	ompany is organized)
4.	December 27, 2006 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	upon filing
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) c/o ING Clarion Partners
7.	230 Park Avenue
	New York, New York 10169
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
•	• • •
	CLPF - Metro JV, L.P.
	c/o ING Clarion Partners
	230 Park Avenue
	New York, New York 10169
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: to serve as the general partnership rtner of a limited partner transacting business in Florida and any and all lawful
pa bu	rtner of a limited parties transacting business in Florida and any and all lawful sinesses and activities that may be related thereto
	REFER TO ATTACHED PAGE FOR SIGNATURE
	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.)  —REFER TO ATTACHED PAGE FOR SIGNATURE—
	Typed or printed name of signee

## SIGNATURE PAGE TO STATE QUALIFICATION FILING

#### CLPF - LEHIGH ACRES STORAGE GP, LLC

By: CLPF - Metro JV, L.P., its sole member

By: CLPF - Metro JV GP, LLC, its general partner

By: Clarion Lion Properties Fund Holdings, L.P., its sole member

By: CLPF-Holdings, LLC, its general partner

By: Clarion Lion Properties Fund Holdings REIT, LLC, its sole member

By: Clarion Lion Properties Fund, LLC, its managing member

By: ING Clarion Partners, LLC, its manager

Name: Stephen B. Hansen

Title: Authorized Signatory

### 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.

e of the Limited Liability Co	ompany is:	
CLPF - LEHIGH ACRI	ES STORAGE GP, LLC	
e and the Florida street addr	ess of the registered agent and of	fice are:
Corporation Service Compa	any	
	(Name)	
1201 Hays Street		
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	<del>-</del>
Tallahassee	FL 32301	
	City/State/Zip	<del>-</del>
pany at the place designated i	in this certificate, I hereby accept that the property is the property with the prop	the appointment as registered rovisions of all statutes
	cand the Florida street addressed and the Florida Street  1201 Hays Street  Florida Street  Tallahassee  named as registered agent a pany at the place designated gree to act in this capacity. I	Florida Street Address (P.O. Box NOT ACCEPTABLE)  Taliahassee  FL 32301  City/State/Zip  named as registered agent and to accept service of process for pany at the place designated in this certificate, I hereby accept agent to act in this capacity. I further agree to comply with the part of the place act in this capacity. I further agree to comply with the part of

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

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLPF-LEHIGH ACRES STORAGE GP, 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 DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLPF-LEHIGH ACRES STORAGE GP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2006.

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

8300 061191760

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5311965

DATE: 12-27-06