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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: TRACY SPEAR** DATE: 04/16/07 **REF. #:** <u>001555.67120</u> CORP. NAME: <u>VILLAGE AT EAST LAKE GP, LLC</u> ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY (XX ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 520953 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_ **PLEASE RETURN:** ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( XX ) PLAIN STAMPED COPY

**Examiner's Initials** 

( ) CERTIFICATE OF STATUS

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

	OMPLIANCE WITH SECTION 60 TED LIABILITY COMPANY TO TRA				- M	
LIIVU.					FPC :	RPR
1	4)	Village at East L	ake GP, L	LC	五门	-
					55.4	3.9
2.	Delaware prisdiction under the law of which	foreign limited lightlifty		20-8667461		PH
(31	mpany is organized)	toleign mance haomiy	ζ,	Li number, ii appneae	70	2:0
4.	03/16/2007 (Date of Organization	5.		Perpetual ar limited liability compa		
	(Date of Organization	1)	(Duration: Yes	ar limited liability compa tual")	ny will cease to	h4.!
_		unon fi	ilina	•		
0	(Date first (See section	transacted business in Flori	da, if prior to reg	istration.)		•
	(See Section					
7		1202 West Mo	nroe Stree	<u> </u>	<del></del>	
,	Chicago, I	L 60607				
		(Street Address of	Principal Office			
9. T	he name and usual business  David Bornstein			•	ollows:	
_						
the jur transla 11. 1	ttached is an original certificate of existiction under the law of which it it ion of the certificate under cath of Nature of business or purpos	s organized. (A photocopy is the translator must be submitt	not acceptable. I ed.)	fthe certificate is in a fore		ords in
r	(In accorda	e of a member or an authorice with section 608.408(3), F.S., tion under the penaltics of perjury  David Bo	the execution of this that the facts stated i	document constitutes		
		Typed or printed no	me of signee			

#### 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	y is:		
Village at Ea	st Lake GP	, LLC	
2. The name and the Florida street address of t	the registered ag	gent and office are:	
National Corpo	rate Research, I	Ltd., Inc.	
	(Name)		
	st Park Avenue		
Florida Street Address	(P.O. Box NOT	ACCEPTABLE)	
Tallahassee	FL	32301	
	City/State/Zip	,	
Having been named as registered agent and to a liability company at the place designated in this agent and agree to act in this capacity. I further relating to the proper and complete performance obligations of my position as registered agent as (Signature)  (Signature)  (Signature)	certificate, I hero agree to comply of my duties, an	eby accept the appointment as with the provisions of all state and I am familiar with and accep	registered utes ot the
\$ 100.00 F	iling Fee for Ap	pplication	

\$ 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 "VILLAGE AT EAST LAKE 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 NINETEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VILLAGE AT EAST LAKE GP, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2007.

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

4318838 070330861



Varnet Smile Hindre

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5516790

DATE: 03-19-07