# M07000004225

(Reque	estor's Name)
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PICK-UP	WAIT MAIL
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Special Instructions to Fili	ng Officer:

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OF JUL 16 PH 4: 10





ASCOLLAND MOO

ACCOUNT NO. : 072100000032

REFERENCE : 011527

)11**527 /** 7550680

AUTHORIZATION : C

COST LIMIT : \$ 125.00

ORDER DATE : July 16, 2007

ORDER TIME : 3:09 PM

ORDER NO. : 011527-005

CUSTOMER NO: 7550680

#### FOREIGN FILINGS

NAME: SC COMMUNITIES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER: \_\_\_\_\_

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

V COMPLIANCE WITH SECTION 608.503, FLO. IMITED LIABILITY COMPANY TO TRANSACT BUS	ORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN
(Name of Foreign Limited Liability Compa	any; must include "Limited Liability Company," "L.L.C.," or "LLC."
name unavailable, enter alternate name adopted asent of the managers or managing members ad mpany," "L.L.C.," "LLC.")	d for the purpose of transacting business in Florida and attach a copy of the written lopting the alternate name. The alternate name must include "Limited Liability"
DELAWARE	3 26-05/3437
Jurisdiction under the law of which foreign lim- company is organized)	nited liability 3. 26-05/3437 (FEI number, if applicable)
MARCH 27, 2007 (Date of Organization)	5. PER PETUAL
(Date of Organization)	5. PER PETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
DATE OF REGISTRATION	<u> </u>
(Date first transacted (See sections 608.501 &	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)
C/O CRONUS CAPITAL, L	L.P. , 275 MADISON AVENUE, 39TH FLOOR
	· · · · · · · · · · · · · · · · · · ·
NEW YORK, NY 1001	Street Address of Principal Office)
If limited liability company is a manage	
, , , ,	
The name and usual business addresses	s of the managing members or managers are as follows:
SC COMMUNITIES ADV	ISOR LLC
clo CRONUS CAPITAL	1. P.
·	
275 MADISON AVENU	E, NEW YORK, NY 10016
	more than 90 days old, duly authenticated by the official having custody of records in I. (A photocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.)
. Nature of business or purposes to be c	conducted or promoted in Florida: OWN COMPANY
INTERESTS IN ONE OR MO	RE COMPANIES THAT OWN REAL PROPERTY.
E	lysell a Mm
Signature of a member (In accordance with section	ber or an authorized representative of a member.  n 608.408(3), F.S., the execution of this document constitutes constitutes of perjury that the facts stated herein are true.)
<u>ELIZABET</u>	TH A. NAPJUS AUTHORIZED REP d or printed name 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.

I. The nam	e of the Limited Liabili	ty Comp	pany is:
sc	COMMUNITIES	·	<u> </u>
If name una	vailable, the alternate n	ame to b	pe used in the state of Florida is:
sc	COMMUNITIES	· (FL	ORIDA) LLC
2. The nam	e and the Florida street	address	of the registered agent and office are:
	Corporation Ser	vice Co	ompany
			(Name)
	1201 Hays Stree	t	
	Florida !	Street Add	dress (P.O. Box NOT ACCEPTABLE)
	Tallahassee		FL 32301
			City/State/Zip
liability com agent and ag relating to th obligations o	pany at the place design gree to act in this capaci he proper and complete p of my position as register	ated in ti ty. I furt. performa red agent	to accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the tas provided for in Chapter 608, Florida Statutes.
Corporati	on Service Company	7	
BY: OL	adako	atr	
	(Signature) Amanda Roa As its agen		
		100.00	Filing Fee for Application
		25.00	Designation of Registered Agent
	\$	30.00	Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE I

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SC COMMUNITIES 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 SIXTEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SC COMMUNITIES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2007.

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



Farret Smith Handson

Harriet Smith Windsor, Secretary of State