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SECRETARY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE : 013790

4304394

AUTHORIZATION

COST LIMIT

ORDER DATE : July 17, 2007

ORDER TIME : 5:10 PM

ORDER NO. : 013790-005

CUSTOMER NO: 4304394

#### FOREIGN\_FILINGS

NAME:

CLPF-PORT CHARLOTTE 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: Joyce Markley -- EXT# 2930

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	CLPF-Port Cha	rlotte Stora	ge GP. I.I	.c			
' '	CLPF-Port Cha (Name of Foreign Limited	Liability Company:	must include	"Limited Liability Con	pany," "L.L.C	.," or "LLC	<u>'</u> )
	4-2-4-4-4-4-4			· <b>-</b>		4,00	)
conse	me unavailable, enter alternant of the managers or managers	te name adopted foing members adopt	r the purpose o	of transacting business it te name. The alternate i	n Florida and a name must incl	mach a cop	of the writte
Comp	oany," "L.L.C.," "LLC.")					77	8
2.	Delaware		3.				
(Ju con	risdiction under the law of wnpany is organized)	hich foreign limited	d liability	( FEI nun	ber, if applica	ible) o	9
4.	July 17, 200	7	5.	perpetua			<u> </u>
'' –	(Date of Organi	ation)		(Duration: Year limite exist or "perpetual")	d liability com	pany will	ease to
,	upon fil	ing					
6	(Date (See se c/o ING Clari	first transacted bus ctions 608.501 & 6 on Partners	iness in Florid 08.502 F.S. to	a, if prior to registratio determine penalty liabi	n.) lity)		
7	230 Park Aven	ıe			<del></del>		
	New York, New						
_		(Stre	et Address of	Principal Office)		•	
9. T	he name and usual busin CLPF - M	ess addresses of	_	ng members or mar	nagers are as	follows:	
_	c/o ING 230 Park	Clarion Partn Avenue	ers				
_	New York	New York l	0169				
the jui	ttached is an original certificat risdiction under the law of what tion of the certificate under o	ich it is organized. (/	A photocopy is	not acceptable. If the ce	•	_	•
p.	Nature of business or pu artner of a limited awful businesses a	l partnership	transact	ing business in	Florida a		
	R1	FER TO ATTAC	HED PAGE	FOR SIGNATURE			
	(In acco an affic	rdance with section 60 mation under the pena	08,408(3), F.S., ulties of perjury	orized representative the execution of this docu that the facts stated herein FOR SIGNATURE—	ment constitutes are true )		
	<del>,,</del>	fyped /	or printed na	ime of signee		<del></del>	

# SIGNATURE PAGE TO STATE QUALIFICATION FILING

CLPF-PORT CHARLOTTE 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.

1. The name of	of the Limited Liability Company is:	
CLPF-I	-PORT CHARLOTTE STORAGE GP, LLC	
If name unava	ailable, the alternate name to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301	
	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 act 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 in Chapter 608, Florida Statutes.

Corporation Service Company

BY:

(Signature)

Joyce L. Markley
as its agent

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

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLPF-PORT CHARLOTTE 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 SEVENTEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLPF-PORT CHARLOTTE STORAGE GP, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2007.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5849053

DATE: 07-17-07

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