

Florida Department of State

Division of Corporations Public Access System

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ORIDA/FOREIGN LIMITED LIABILITY CO.

Breckenridge Apartments, LLC.

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Certificate of Status	1
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7/26/2007

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July 27, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Registration/Qualification Section

P.O BOX 6327 - Tallahassee, Florida 32314

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

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

26-0390638 (PEI number, if applicable) The 17, 2007 (Date of Organization) (Date first transacted pulses in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (A ASB Capital Management, 7501 Wisconsin Ave., Suite 200, Betheada, Maryland, 20814 (Street Address of Principal Office) (A photocopy is not acceptable. If the cert a foreign language, a translation of the office) (Street Addre	selection under the law of which foreign limited liability (FEI number, if applicable) 2057 (Date of Organization) (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) ASB Capital Management, 7501 Wisconsin Avc., Suite 200, Bethesda, Maryland, 20814 (Street Address of Principal Office) imited liability company is a manager-managed company, check here (Street Address of Principal Office) imited liability company is a manager-managed company, check here (Street Address of Principal Office)
Date 17, 2007 5. 2057 (Oute of Organization) 5. 2057 (Outerlon: Year limited liability company will cease to exist or "perpetual")	(Street Address of Principal Office) [Street Address of Principal Office) [Street Address of the managing members or managers are as follows:
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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.

2. The name and	the Florida street address of the registered agent and office are:	
_	C T Corporation System	
	(Name)	_
_	1200 South Pine Island Road	
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	····
	Plantation, Florida 33324	•
_	City/Statc/Zip	~
	and the state of t	•
Having been name liability company	ed as registered agent and to accept service of process for the above at the place designated in this certificate, I hereby accept the appoi to act in this capacity. I further agree to comply with the provisions	ntment as regis

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

\$ 5.00 Certificate of Status (optional)

FLES7 - NOROS CT System Colin

By:

(Signature)

SECRETARY OF SIAL ON DIVISION OF CORPORATIONS

Kristen Betzger Vice President



PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "BRECKENRIDGE APARTMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2007.

AND I DO HERRBY FURTHER CERTIFY THAT THE AKNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4372939 8300 070856445



Warnet Smile Wandson

AUTHENTICATION: 5875496

DATE: 07-26-07

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