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SECRETARY OF STATE OF CORPORATIONS OF AUG -2 PM 3: 57

COVER LETTER

10:	Division of Corporations		
SUBJ	ECT: SCI Gateway at Club Fund 1, LLC (Name of Lin	nited Liability Company)	
Florid		ability Company for Authorization to Transact submitted to register the above referenced forei	
Please	return all correspondence concerning this r	matter to the following:	
	Pamela S. Flint, Paralegal		_
	(Na	ame of Person)	
	Kutak Rock LLP		OT AUG -2 PM 3:57
(Firm/Company)			
			2 Con
	1650 Farnam Street		PH FOR
		(Address)	-2 PH 3:57
	Omaha, NE 68102		
	(City/S	tate and Zip Code)	-
For fu	ther information concerning this matter, ple	ease call:	
	Pamela S. Flint	at (402) 346-6000 ext. 1810	
	(Name of Person)	(Area Code & Daytime Telephone Numb	er)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check for the following amount: \$\Bigsirem\$ \text{\$125.00 Filing Fee} \Bigsirem\$ \$\text{\$130.00 Filing Fee} & \text{\$Certificate of } \text{\$130.00 Filing Fee} \text{\$\text{\$N\$}}	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee.	Certificate Certified Copy

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SCI Gateway at Club Fund 1, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")			
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)			
4.	July 30, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")			
6.	Upon qualificiation (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 11620 Wilshire Boulevard, Suite 300 Los Angeles, CA 90025 (Street Address of Principal Office)			
7.	11620 Wilshire Boulevard, Suite 300			
	Los Angeles, CA 90025 (Street Address of Principal Office)			
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Lily Z. Tung Revocable Trust of 1991, Lily Z. Tung, Trustee			
	9913 N. Cascade Dr.			
	Fresno, CA 93730			
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ristation of the certificate under oath of the translator must be submitted.)			
	. Nature of business or purposes to be conducted or promoted in Florida: To acquire and hold interests in real property or a fractional undivided interest therein, and to engage in such other activities relating to or incidental thereto as are necessary to accomplish such purpose.			
	Pamela S. Flist			
	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.)			
	Domolo C. Elint Authorized Depresentative for the March of			

Typed 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.

1. The name of the Limited Liability Company is:	
SCi Gateway at Club Fund 1, LLC	<u> </u>
If name unavailable, the alternate name to be used in the state of Florida is:	OT AUG
2. The name and the Florida street address of the registered agent and office are:	FCORPOR
Corporation Service Company	يَجِيُّ بِي
(Name)	Z 8
1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tellahassee 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.

(Signature)

\$ 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 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GATEWAY AT CLUB FUND 1, 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 THIRTIETH DAY OF JULY, A.D. 2007.

SECRETARY OF STATE STONE OF CORPORATIONS



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Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5883196

DATE: 07-30-07