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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCI Gateway at Club Fund 5, LLC	
(Name of	Limited Liability Company)
	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da
Please return all correspondence concerning the	nis matter to the following:
Pamela S. Flint, Paralegal	
	(Name of Person)
Kutak Rock LLP	OT AU
•	(Firm/Company)
1650 Farnam Street	(Firm/Company) (Address)
	(Address)
Omaha, NE 68102	Ø ·
	y/State and Zip Code)
For further information concerning this matter	, please call:
Pamela S. Flint	at (402) 346-6000 ext. 1810
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fe Certifica	te & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & 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:

SCI Gateway at Club Fund 5, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(name of the figure and the first that the first th
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. 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)
7. 11620 Wilshire Boulevard, Suite 300
Los Angeles, CA 90025
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 2. 3.
Los Angeles, CA 90025 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:
The Savage Family Trust, Gerald A. Savage and Joyce C. Savage, Trustees
28579 Manitoba Drive
Lake Arrowhead, CA 92352
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. 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.
Pamelo S. Flyt
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.)
Pamela S. Flint, Authorized Representaive for the Member
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	of the Limited Liability Company is:	
SCI Gateway at 0	Club Fund 5, LLC	
If name unavail	ilable, the alternate name to be used in the state of Florida is:	1 %
·····		ON SE
2. The name ar	and the Florida street address of the registered agent and office are:	T AUG
	Corporation Service Company	المُعْرِينَ الْمُعْرِينِ الْمُعِلِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمِعِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعِلِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعِلِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعِلِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمِعِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعِلِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ الْمُعْرِينِ ال
	(Name)	PA PA
	1201 Hays Street	٠ <u>٠</u> ١
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	58
	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)

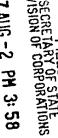
\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GATEWAY AT CLUB FUND 5, 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.





Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5883381

DATE: 07-30-07

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