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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: SCI Gateway at Club Fund 26, LLC (Name of Lin	mited Liability Company)	
Florid		iability Company for Authorization to Transa submitted to register the above referenced for	
Please	return all correspondence concerning this	matter to the following:	
	Pamela S. Flint, Paralegal		_
	(1)	fame of Person)	
	Kutak Rock LLP		_ 0
	(F	irm/Company)	O7 AUG
	1650 Farnam Street		-2 FAR
		(Address)	PH ORPO
	Omaha, NE 68102		PH 4: 04
	(City/S	tate and Zip Code)	<i>,</i>
For fu	rther information concerning this matter, pl	ease call:	
	Pamela S. Flint	at (402) 346-6000 ext. 1810	
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)
	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: \$\Boxed{1}\$125.00 Filing Fee \$\Boxed{1}\$130.00 Filing Fee & Certificate of the following amount: \$\Boxed{1}\$\$125.00 Filing Fee \$\Boxed{1}\$\$\$\$Certificate of the following amount:		e, Certificate & Certified Conv

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. SCI Gateway at Clui	Fund 26, LLC					
(Name of Foreign	Limited Liability Company	must include	*Limited Liability Company	," "L.L.C.," or "	LC.)	
(If name unavailable, enteconsent of the managers of Company," "L.L.C.," "Li	or managing members adopt	r the purpose o	of transacting business in Flo te name. The alternate name	orida and attach a must include "Li	copy of the write mited Liability	ten
2. Delaware (Jurisdiction under the	law of which foreign limite	3	(FEI number,	if applicable)	<u> </u>	
company is organized)		_	Demostral.			
4. July 30, 2007 (Date of	Organization)	_ 5	Perpetual (Duration: Year limited lial exist or "perpetual")	bility company w	ill cease to	
6. Upon qualificiation						
	(Date first transacted bus (See sections 608.501 & 6	iness in Florid 08.502 F.S. to	a, if prior to registration.) determine penalty liability)		NISI 07 I	
7. 11620 Wilshire Boul	evard, Suite 300				SIGNE TARY	7
Los Angeles, CA 9	0025			_		E0
	(Stre	et Address of I	rincipal Office)	<u></u>	3000	3
8. If limited liability	company is a manager-	managed co	mpany, check here		PH 4: 04	るれ
9. The name and usu	al business addresses of	f the managi	ng members or manage	rs are as follov	•	
Steven A. Martinso	on,					
1165 W. Valley vi	ew Drive					
Fullerton, CA 928	33					
the jurisdiction under the k	certificate of existence, no mo aw of which it is organized. (e under oath of the translator n	A photocopy is	sold, duly authenticated by the not acceptable. If the certifica ed.)	e official having o te is in a foreign l	ustody of records anguage, a	in
			omoted in Florida: To a			
	ctional undivided interest t are necessary to accompli		engage in such other actionse.	vities relating to	or .	
	Pare Va	<u></u> -				
	Signature of a member (In accordance with section 6	r or an autho 08.408(3), F.S.,	rized representative of a the execution of this document that the facts stated herein are to	constitute s		
	Pamela S. Flint, Authoriz	ed Represen	taive for the Member			
	Typed	or printed na	me of signee	<u></u>		

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 name	of the Limited Liability	Company is:	
SCI Gateway	at Club Fund 26, LLC		
If name unav	raflable, the alternate na	me to be used in the state of Florida Is:	
2. The name	and the Florida street a	ddress of the registered agent and office are:	01VIS
	Corporation Service C	ompany	SION
		(Name)	PARTE COL
	1201 Hays Street		PH
	Florida St	reet Address (P.O. Box <u>NOT</u> ACCEPTABLE)	STATENS ORATIONS
	Tellahassee	FL 32301	£ 55
		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 26, 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 OF CORPORATIONS



TARYS

Warriet Smith Windsor, Secretary of State

marrier Smith Whitson, Secretary of Si

AUTHENTICATION: 5884049

DATE: 07-30-07