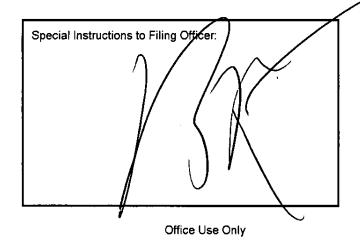
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				



Certificates of Status

Certified Copies ____



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O7OCT TO PHIZ: 55 SECRETARY OF STATE ALLAHASSEE, FI OBIN



ACCOUNT NO. : 072100000032

REFERENCE : 263493

5124005

AUTHORIZATION :

ORDER DATE: October 8, 2007

ORDER TIME : 5:13 PM

ORDER NO. : 263493-020

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME:

BETHANY HIDDEN LAKE

APARTMENTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

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. BETHANY HIDDEN LAKE APARTMEN' (Name of Foreign Limited Liability Company; must inclu	TS, LLC
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the writte mate name. The alternate name must include "Limited biability
_{2.} Delaware	异花 3
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	perpetural Ro
(Date of Organization)	(Duration: Year limited liability company will cease ton exist or "perpetual")
6. on or after registration	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 4582 S. Ulster St. Pkwy., Suite 1100, Denve	er, CO 80237
(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 mana	iging members or managers are as follows:
AMBASSADOR II JV, L.P.	
4582 S. Ulster St. Pkwy., Suite 1100, Denve	er, CO 80237
10. Attached is an original certificate of existence, no more than 90 d he jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subtr	
11. Nature of business or purposes to be conducted or	promoted in Florida:
any lawful business for which entities may b	e organized

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	y Comp	any is:	
BETHANY	HIDDEN LAKE A	\PAR	MENTS, LLC	
If name unav	ailable, the alternate na	me to b	e used in the state of Fl	orida is:
2. The name	and the Florida street a	ddress	of the registered agent a	and office are:
	Corporation Serv	rice Co	ompany	
			(Name)	
	1201 Hays Street	t		
	Florida St	reet Add	ress (P.O. Box NOT ACCEP	TABLE)
	Tallahassee		FI. 32301	
	1000 m		City/State/Zip	
liability composite agent and agree relating to the obligations of	any at the place designa see to act in this capacity proper and complete pe	ited in the Language of the Indiana The Indiana of the Indiana of	nis certificate, I hereby a her agree to comply with nce of my duties, and I a as provided for in Chap	ess for the above stated limited ccept the appointment as registered the provisions of all statutes in familiar with and accept the ster 608, Florida Statutes. The base of the statutes of the statutes of the statutes. The base of the statutes of the st
		100.00	Filing Fee for Application of Barrier	
	5 \$	25.00 30.00	Designation of Regis Certified Copy (option	

\$ 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 "BETHANY HIDDEN LAKE APARTMENTS, 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 NINTH DAY OF OCTOBER, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETHANY HIDDEN LAKE APARTMENTS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2007.

03 8300

071097491

Darriet Smith Hindson

AUTHENTICATION: 6059415

DATE: 10-09-07