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G. MCLEOD

MAR - 3 2010

EXAMINER

COVER LETTER

SUBJECT:		Community Development XXIX, LLC		
	}	Name of Limited Liability Company		
		dability Company for Authorization to Transact Business in Flor		
	•	e above referenced foreign limited liability company to transact	Ousiness in Pioria	5
Please return all cr	onespondence concerning this	matter to the following:		
•		Name of Person		
-			_	
	Firm/Company			
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City/State and Zip Code				
		leman@stonehengecapital.com.	-2	202 202
	E-mail address	s: (to be used for future annual report notification)	AX 11: 09	- 65 AF
For further information concerning this matter, please call:			= =	20° >> y
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WENT TO THE TOTAL PROPERTY OF THE PARTY OF T	Name of Person	Area Code & Daytime Telephone Number		TX:
		•		
	G ADDRESS: of Corporations	STREET ADDRESS: Division of Corporations		
	Registration Section Registration Section			
	Bax 6327 Clifton Building			
Taliahass	es, FL 32314	2661 Executive Center Circle Tallahasses, FL 32301		
Enclosed is a ch	neck for the following am	oont:		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATIVIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Stoneheage Community Development XXIX, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/18/2006 (Duration: Year limited liability company will couse to (Date of Organization) exist or "perpetual") 6. Upon Filing (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 (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: Stonehenge Community Development, LLC - 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having outday of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a translation of the certificate under cath of the translator must be submitted.) Any lawful act or activity 11. Nature of business or purposes to be conducted or promoted in Florida: ____ as playided by the Florida Statute 6083.503 Signature of a recipier of an authorized representative of a member. In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation updat the penalties of perjury that the facts stated berein are true.)

John P. Witten

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 Li	ibility Comp	any is:
Stor	ichenge Comm	unity Development XXIX, LLC
If unavailable, the alternate to t	e used in the	state of Florida is:
2. The name and the Florida st	reet address	of the registered agent and office are:
	ст	Corporation System
	···	(Name)
	1200 9	South Pine Island Road
Flo	ida Street Add	ress (P.O. Box NOT ACCEPTABLE)
Pi	entation	FL 33324
<u></u>		City/State/Zip
liability company at the place de agent and agree to act in this ca relating to the proper and compl	signated in the pacity. I furth ste performa istered agent	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nee of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Connie Bryan Sistant Secretary
(Signature)	0 175	sistant secretary
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STONEBENGE COMMUNITY DEVELOPMENT
XXIX, 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 SECOND DAY OF
MARCH, A.D. 2010.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

1270607 8300

100234624

Joffrey W. Bullock. Secretary of AUTHENTY CATION: 7841840

DATE: 03-02-10

You may warify this certificate enlin