Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000193221 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)678-5368

Enter the email address for this business entity to be used for future • annual report mailings. Enter only one email address please.

 Address:	

Foreign Limited Liability Company L2 Apt Lender, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

J. BRYAN

AUG 3 1 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	recr:L2 Apt Lender, LLC	
	Name of Limited Liability Company	
The enc Existen	nclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florid ence, and check are submitted to register the above referenced foreign limited liability company to transact bu	a," Certificate of siness in Florida.,
Please r	e return all correspondence concerning this matter to the following:	
	David Dunham	
	Name of Person	-
		a 5
	Lincolnebira Associatos II Ltd	S z n
	Lincolnshire Associates II, Ltd.	意 号 二
	This Company	· 30 F
	OFFO Maidway David Ovika 000	NIC 30 A
	2550 Midway Road, Suite 220 Address	不必
	Address	6 d
	0	FILEU 8: 23
	Carrollton, TX 75006	7
	City/State and Zip Code	
	DDunham1@aol.com	
	E-mail address: (to be used for future annual report notification)	_
For furt	orther information concerning this matter, please call;	
	Maureen A. Drews at (_312) 263-3600	
	Name of Person Area Code & Daytime Telephone Number	_
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
_	osed is a check for the following amount: State of the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{155.00}\$ \text{Filing Fee} \sum_{160.00}\$ \text{Filing Fee}, or \$ \te	
	Certificate of Status Certified Copy of Status & Cert	ified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	; THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TATEOFFLORIDA:				
1 12 Antler	oder LLC				
1. L2 Apt Ler (Name of Foreign Limited Liability Company; must includ	e "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 altern Company," "L.L.C," "L.C.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability				
2. Illinois 3.	75-2548121				
(Jurisdiction under the law of which foreign limited liability company is organized)					
4. August 3, 2010 5. (Date of Organization)	Perpetual (Duration: Year limited liability company will sease to				
(Date of Organization)	(Duration: Year limited liability company will peased exist or "perpetual")				
6.					
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)				
7, 555 Skokie Boulevard, Suite 555, Northbrook II.	60062-1823				
	6.				
(Street Address o	Principal Office)				
8. If limited liability company is a manager-managed of	ompany, check here				
9. The name and usual business addresses of the mana	ging members or managers are as follows:				
Lincolnshire Associates II, Ltd., Manager					
555 Skokie Boulevard, Suite 555, Northbrook I	L 60062-1823				
10. Attached is an original certificate of existence, no more than 90 de the jurisdiction, under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi					
11. Nature of business or purposes to be conducted or	promoted in Florida: Any and all lawful				
busine					
DON S	evocable Trust, General Partner by David D. Colbum, Trustee				
Signature of a member or an auth	Instant representative of a second				
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 all markers are stored in the control of the con	y 154, the first stated herein are leafulust, vid D. Colburn, Trustee				
Typed or printed a					

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:	
L2 Apt Lender, LLC	
If unavailable, the alternate to be used in the state of Florida is:	SE(
2. The name and the Florida street address of the registered agent and office are:	ANASSA ANASSA
C T Corporation System.	ma E
(Name)	8: 23 LORID
1200 South Pine Island Road	7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FI 33324	
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.

James M. Halpin

Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0331221-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

L2 APT LENDER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1023702270

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of AUGUST

A.D.

2010

Desse White

SECRETARY OF STATE