

**M97000000696**  
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: \_\_\_\_\_  
(SUB ACCT.)

DATE: 10-20

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 20 PM 1:07

300002324013--5

REQUESTER NAME: LEXIS DOCUMENT SERVICES

ADDRESS: P.O. BOX 2969  
SPRINGFIELD, ILLINOIS 62708

CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296

CORPORATION NAME: Hometown Lake Village GP, L.L.C.

AUTHORIZATION: \_\_\_\_\_

C. Woodyard

☐ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

\$293.75

97 OCT 20 AM 11:35  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

( ) CALL WHEN READY ( ) CALL IF PROBLEM ( ) AFTER 4:30  
☒ WALK IN ( ) WILL WAIT ( ) PICK-UP  
( ) MAIL OUT (IF APPLICABLE)

*NYC 10/20/97*

300-334-9733

**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. Hometown Lake Village GP, L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. Please Note: L.L.C. is not an acceptable suffix in Florida.)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A  
(FEI number, if applicable)

4. October 9, 1997  
(Date of Organization)

5. 2017  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. October 20, 1997  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. c/o Transwestern Investment Co., L.L.C.  
70 West Madison, Suite 4030, Chicago, IL 60602  
(Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing member (MGRM) or manager (MGR). It is not necessary to list members.  
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Stephen R. Quazzo</u>	<u>Manager</u>	<u>Douglas W. Lyons</u>	<u>Manager</u>
<u>Transwestern Investment Co.</u>		<u>Transwestern Investment Co.</u>	
<u>70 West Madison, Suite 4030</u>		<u>70 West Madison, Suite 4030</u>	
<u>Chicago, IL 60602</u>		<u>Chicago, IL 60602</u>	
<u>Randall K. Rowe</u>	<u>Manager</u>		
<u>Transwestern Investment Co.</u>			
<u>70 West Madison, Suite 4030</u>			
<u>Chicago, IL 60602</u>			

**Filing Fee: \$ 52.50 for Application**

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OCT 20 PM 1:07

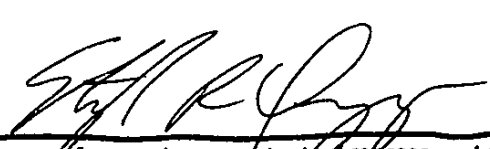
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS  
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The undersigned member or authorized representative of a member of \_\_\_\_\_

Hometown Lake Village GP, L.L.C. one member deposes and says:

- 1) the above named limited liability company has ~~at least two members~~
- 2) the total amount of cash contributed by the member(s) is \$ 12,000,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 12,000,000.00 . This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.406(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Filing Fee: \$ 52.50 for Affidavit**

**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, ORGANIZED UNDER THE LAWS OF  
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Hometown Lake Village GP, L.L.C.

2. The name and address of the registered agent and office is:

LEXIS DOCUMENT SERVICES INC.

(Name)

3953 WW KELLEY ROAD

(P.O. Box or Mail Drop Box **NOT** acceptable)

TALLAHASSEE, FL 32311

(City/State/Zip)

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*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.*

Anthony G. Mack, Int Sec  
(Signature) Lexis

10/16/97  
(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

*State of Delaware*  
*Office of the Secretary of State*

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMETOWN LAKE VILLAGE GP, L.L.C." 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 THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D. 1997.

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 "HOMETOWN LAKE VILLAGE GP, L.L.C." WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 1997.

FILED STATE  
SECRETARY OF CORPORATIONS  
97 OCT 20 PM 1:07



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971344548

*Edward J. Freel*  
 Edward J. Freel, Secretary of State

AUTHENTICATION:

8699232

DATE:

10-13-97