

LEXIS Document Services

M97000000696
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(SUB ACCT.)

DATE: 10-20

97 OCT 20 PM 1:07
FEDERAL
STANDARD
DIVISION

30100232411 1-5

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

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

800-334-9733

NYK 10/20/97

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 617.156, 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 the 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

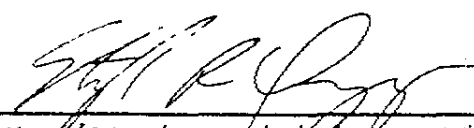
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

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

The undersigned member or authorized representative of a member of _____
Homtown Lake Village CP, L.L.C. _____ deposits and says:
one member

- 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 608.408(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 E. Mack *ant sec*
(Signature) *Lexis*

10/16/97
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

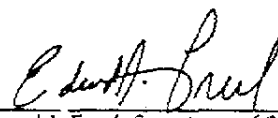
State of Delaware
Office of the Secretary of State

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 OF 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.




Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

8699232

10-13-97

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STATE OF DELAWARE
OFFICE OF THE SECRETARY OF STATE

