MoGent 9mb 00000/8/

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAME	-			
MLK-Tampa Associates, LL	<u> </u>			
IVILIX-Tampa Associates, LL			=	9
				EB -9
				-9 PM
() Profit () Nonprofit	() Amendment		() Merger	1: 38
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	-	() Mark	
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name		() Other () Change of RA () UCC	
() Certified Copy	() Photocopies		() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait		() After 4:30 (x) Pick Up	
Name Availability Document Examiner Updater	02/09/99			
Verifier Acknowledgement	HOLLANDARDO TO HOLE	MC		
W.P. Verifier	3 EE8 - 6 LHIS: 02	6		

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:

MLK - Tampa Associates (Name of foreign limited liability or company" or their abbreviations "L.	ompany must en	d with the words "limited liability of not so contained in the name at pr	company" or "limited esent.)	- ,
Delaware (Jurisdiction under the law of which		3. applied for		
company is organized)	n toreign iimited	l liability (FEI number, if a	pplicable)	
February 3, 1999		Perpetual		
(Date of Organization	.)	(Duration: Year limited liability cease to exist or "perpetual")	company will	_
upon filing.		•		, ,
(Date first transacted)	business in Flori	da. (See sections 608.501, 608.502	2 and 817.155, F.S.)	-
165 South Union Bouleva	ard, Suite 3	80		<u> </u>
Lakewood, CO 80228				_
				_
List name, title, and business ac will manage the foreign limited	dress of each	dress of principal office) managing member [MGRM] of pany in Florida: (attach additional content of the conten	or manager [MGR]	who
NAME & ADDRESS: Alliance Commercial	idress of each lliability comp	managing member [MGPM]	or manager [MGR] onal page if necessa TITLE:	who iry)
NAME & ADDRESS: Alliance Commercial Holdings I, LLC	idress of each l liability com	managing member [MGRM] c pany in Florida: (attach additio	or manager [MGR] onal page if necessa TITLE:	who uy)
NAME & ADDRESS: Alliance Commercial	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	onal page if necessary	ш у)
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	. 00 . 01/13
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	S) oo eff
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	Carabana
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	DIVISION OF COMMENT
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	Carabana
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	DIVISION OF COMMENT
NAME & ADDRESS: Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	DIVISION OF COMMENT
Alliance Commercial Holdings I, LLC Suite 380 165 South Union Blvd.	idress of each lliability comp	managing member [MGRM] c pany in Florida: (attach additio	TITLE:	DIVISION OF COMMENT

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
MLK - Tampa Associates, LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u> </u>
 if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and 	\$ <u> </u>
 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) 	ted \$
By: CFSC Capital Corp. LIII, its Member	
Signature of a member or authorized representative of a me (in accordance with section 608.408(3), Florida Statutes, the execution of a affidavit constitutes an affirmation under the penalties of perjury that the first stated herein are true.)	this SECRETARY 9 FEB - 9
Jeffrey A. Parker Typed or printed name of signee	OF STATE REPORATIONS PM 1: 38

Filing Fee: \$250.00 for Application and 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 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: MLK - Tampa Associates, LLC		
2.	The name and address of the registered agent and office is:		
	C T Corporation System	99	SIA10
	(Name)		SICRE
	c/o C T Corporation System, 1200 South Pine Island Road	2 - 2	유
	(P.O. Box not acceptable)	-0	
	Plantation, Florida 33324	<u> </u>	82
	(City/State/Zip)	: 38	ATTONS

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.

Michele & Martton 1999
(Signature)

Michele R. Justesen, Asst. Secy

FILING FEE: \$ 35 for Designation of Registered Agent

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF LIMITED LIABILITY COMPANY OF "MLK
TAMPA ASSOCIATES, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF

FEBRUARY, A.D. 1999, AT 11:30 O'CLOCK A.M.

Edward J. Freel, Secretary of State

3000523 8100

AUTHENTICATION:

9556475

991043254

DATE

02-03-99