# CCRS 103 N. MERIDIAN STEWET, LOWER LEVEL TAGLAHASSEL, L. 3201 FILING COVER SHEET ACCT. #FCA-14

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DATE:	3-31-99	8000028254680 -03/31/9901066019
<b>REF.</b> #: _	0/63.6211	*****346.25 ****346.25
CORP. NAME:	CAX Lakeshore	, L.L.C.
-		99 <del>  1</del>
( ) ARTICLES OF INCORPORATI ( ) ANNUAL REPORT ( ) CERT. OF AUTHORITY	( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP	( ) ARTICLES OF DISSOLUTION CORPORATION  ( ) FICTITIOUS NAME -: 26
( ) REINSTATEMENT ( ) CERTIFICATE OF CANCELLA	( ) MERGER TION ( ) UCC-1	( ) WITHDRAWAL ST
( ) OTHER:		
STATE FEES PREPAID	WITH CHECK# <u>4609</u>	FOR \$ 346. 25M99-478
	R ACCOUNT IF TO BE DEBITI	Name Availabilit  Document
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PLEASE RETURN:	() CERTIFICATE OF STA	V.rifer  Anhy.w(a lement  TUS  ( ) PLAIN/STAMPED GOPY
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**Examiner's Initials** 

## 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:

	(Name of foreign limited liability company must e name at present.)	na with the words "li	united company of their aboveviation 12.0.	II not 50 collamica III t	
	Delaware		3. Applied for		
	(Jurisdiction under the law of which foreign limite company is organized)	ed liability	(FEI number, if appli	cable)	
	3/12/99		5. Perpetual		
(Date of Organization)		<del></del>	(Duration: Year limited liability company will cease to exist or "perpetual")		
	upon qualification				
•	(Date first transacted busin	ness in Florida. (See s	sections 608.501, 608.502, and 817.155, F.S.)		
	c/o Asset Investors Operating Partnership	n. L.P., 3410 Sou	th Galena Street, Suite 210, Denver, C	O 80231	
•	O O I ISSUE IN COLORS O POLICIANO	<del>, , </del>			
		(Street address of	principal office)		
		(Sireer address or	principal office)		
•	List name, title, and business address of manage the foreign limited liability cor	of each managing npany in Florida	g member [MGRM] or manager [M : (attach additional page if necessar	(GR] who will y)	
	List name, title, and business address of manage the foreign limited liability cor NAME & ADDRESS:	of each managing mpany in Florida TITLE:	g member [MGRM] or manager [M : (attach additional page if necessar NAME & ADDRESS:	GR] who will ry) TITLE:	
	manage the foreign limited liability cor	npany in Florida	: (attach additional page if necessar	ry)	
	manage the foreign limited liability cor	mpany in Florida	: (attach additional page if necessar	ry)	
	manage the foreign limited liability cor  NAME & ADDRESS:  Commercial Assets, Inc.	mpany in Florida	: (attach additional page if necessar	ry)	
	nanage the foreign limited liability cor  NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating	mpany in Florida	: (attach additional page if necessar	y) TITLE:	
	nanage the foreign limited liability cor  NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.	mpany in Florida	: (attach additional page if necessar	y) TITLE:	
	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	y) TITLE:  DIVISION OF C.  99 HAR 31	
•	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	y) TITLE:  DIVISION OF C.  99 HAR 31	
	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	y) TITLE:  DIVISION OF C.  99 HAR 31	
	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	y) TITLE:	
<b>1.</b>	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	SECRETARY OF STATE OF	
3.	NAME & ADDRESS:  Commercial Assets, Inc.  c/o Asset Investors Operating  Partnership, L.P.  3410 S. Galena St., Suite 210	mpany in Florida	: (attach additional page if necessar	SECRETARY OF STATE OF	

(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 CAX Lakeshore, L.L.C.	
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	\$;
<ol> <li>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.)</li> <li>and</li> </ol>	\$;
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.)	\$7,850,000
Commercial Assets, Inc.	
Signature of a member or an 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.)	
Bruce E. Moore, President	
Typed or printed name of signee	SECRETARY OF STATE DIVISION OF CORPORATION
Filing Fee: \$250.00 for Application and Affidavit	رن ن

### 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:	
CAX Lakeshore, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
Joseph W. Gaynor (Name)	
2637 McCormick Drive, Suite B Florida street address (P.O. Box NOT ACCEPTABLE)	
Clearwater, FL 33579 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.

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

#### State of Delaware

#### Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAX LAKESHORE, 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 TWENTY-NINTH DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAX LAKESHORE, L.L.C." WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE....

Edward J. Freel, Secretary of State

AUTHENTICATION:

9657639

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DATE:

03-29-99