

ACCOUNT NO. : 072100000032

REFERENCE

290002

4373439

AUTHORIZATION

COST LIMIT

ORDER DATE: June 28, 1999

ORDER TIME : 4:13 PM

ORDER NO. : 290002-070

CUSTOMER NO: 4373439

Lucy Lombillo, Legal Asst CUSTOMER:

Akin, Gump, Strauss, Hauer &

19th Floor

590 Madison Avenue New York, NY 10022

FOREIGN FILINGS

DT-TALLAHASSEE GP, LLC

600002920176--5

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy



July 1, 1999

CSC

SUBJECT: DT-TALLAHASSEE GP, LLC

Ref. Number: W99000015262

We have received your document for DT-TALLAHASSEE GP, LLC and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please change the cost limit on the cover page. The filing fee for this filing is \$285.00.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 899A00034642

99 JUL -1 PM 5: 28
SECRETARY OF STATE
TAIL ANASSEE FLORIDA

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:

T C.C.			1 827 1 1 11 11 1 1 1 1 1	1-41 UT O U 15
contained	reign limited liability company mus in the name at present.)	st end with the wo	ords "limited company" or their abbrev	nation "L.C." if not
elaware		3.	Applied For	
	under the law of which foreign lin organized)	nited liability	(FEI number, if applicab	le)
June 25.	1999	5.	December 31, 2097	-
	(Date of Organization)	· ==	(Duration: Year limited liability con exist or "perpetual")	npany will cease to
Jpom Fil	ing			
	(Date first transacted business in	Florida. (See sect	ions 608.501, 608.502, and 817.155, F.	S.)
		6001 B 77	my 75007	
1950	Stemmons Freeway, Suite	6001 Dallas	, TX /520/	
		(Street address of pr	incipal office)	
		(Officer address of pr	morpur office)	
t name	title and husiness address of	of each managi	ing member[MGRM] or manag	ger[MGR]who
t manno,	uite, and business address	or odon manage	me momentum or)ta
1	a the foreign limited lighility	v company in l	Florida: (attach additional page	e if necessary)
l manag	e the foreign limited liability	y company in l	Florida: (attach additional page	e if necessary)
_	e the foreign limited liabilit		Florida: (attach additional page	e if necessary)
_	e the foreign limited liability	y company in l	Florida: (attach additional page	e if necessary) TITLE:
_	e the foreign limited liabilit		Florida: (attach additional page	e if necessary)
_	e the foreign limited liability	TITLE:	Florida: (attach additional page	e if necessary)
_	NAME & ADDRESS: DT-Tallahassee Manager Corp.	TITLE:	Florida: (attach additional page	TITLE:
_	NAME & ADDRESS: DT-Tallahassee	TITLE:	Florida: (attach additional page	TITLE:
_	NAME & ADDRESS: DT-Tallahassee Manager Corp. 1950 Stemmons Freeway,	TITLE:	Florida: (attach additional page	FILE: 99 JUL -1 SECRETARY TALLAHASSI
_	NAME & ADDRESS: DT-Tallahassee Manager Corp.	TITLE:	Florida: (attach additional page	FILE: 99 JUL -1 SECRETARY TALLAHASSE
_	NAME & ADDRESS: DT-Tallahassee Manager Corp. 1950 Stemmons Freeway,	TITLE:	Florida: (attach additional page	FILED FILED FILED FILED FILED FILED
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_	NAME & ADDRESS: DT-Tallahassee Manager Corp. 1950 Stemmons Freeway,	TITLE:	Florida: (attach additional page	FILED FILED FILED FILED FILED FILED
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	NAME & ADDRESS: DT-Tallahassee Manager Corp. 1950 Stemmons Freeway,	TITLE:	Florida: (attach additional page	FILED FILED SECRETARY OF ST TALLAHASSEE, FLO

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 in 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 member or authorized representative of a member of <u>DT-Tallahass</u> .	ee GP. 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	\$ 10.00
3) 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>-0-</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.)	\$ <u>10.00</u> .
Signature of a member or an authorized representative of a member	ber.
Gary A. Goodman, Asst. Sec. Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

99 JUL -1 PM 5: 28
SECRETARY OF STATE
ANALYSEF FLORIDA

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:
	DT-Tallahassee GP, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Corporation Service Companyu (Name)
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Tallahassee, FL 32301 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) amont W. Jones, Asst. V.P.

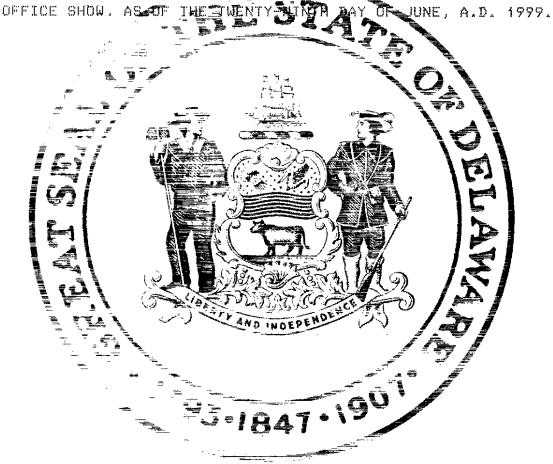
Filing Fee: \$35 for Designation of Registered Agent

FILED

99 JUL -1 PM 5: 28
SECRETARY OF STATE
MINAMASSEE, FLORID

State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY 'DT-TALLAHASSEE GP. LLC' 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





Edward J. Freel, Secretary of State

AUTHENTICATION:

9835715

991263911

3061589 8300

DATE:

06-29-99