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C T CORPORATION SYSTEM	¹ /Melanie Strickland			·
660 East Jefferson Str	reet 🗀			
Requestor's Name				
Tallahassee, Florida 3	32301			
Address -				
(850) 222-1092	<u></u>	90	000030729	
City State Zip	Phone		-12/16/9901 ****125.00	1870825 ****125.80
CORPOR	RATION(S) NAME			
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() Limited Partnership	() Annual R	eport	() Other	12/16
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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)	
Delaware (Jurisdiction unde	er the law of which foreign limited liability 3. (FEI number, if ized)	applicable)
December 14, 1		lity company will cease to
· <u>(I</u>	Up on Qual. Date first transacted business in Florida. (See sections 608.501, 608.502, and 8	77.155, F <u>\$</u>
165 South Union	n Blvd., Suite 500	PTI DEC AFFAS
Denver, CO 802		RY CH
. If limited liab	(Street address of principal office) ility company is a manager-managed company, check here	D NN 2: 35 - STATE FLORIDA
. The usual bus	iness addresses of the managing members or managers are as foll	ows:
165 South Unio	on Blvd., Suite 500, Denver, CO 80228	
ne jurisdiction under	iginal certificate of existence, no more than 90 days old, duly authenticated by the the law of which it is organized. (A photocopy is not acceptable. If the certificate ificate under oath of the translator must be submitted.)	-
1. Nature of bu	siness or purposes to be conducted or promoted in Florida: real e	state ownership
	Signature of a member or an authorized representative of a (In accordance with section 608.408(3), F.S., the execution of this document of an affirmation under the penalties of perjury that the facts stated here are true	onstitutes
	Jon D. Lammers, Assistant Secretary	
	Typed or printed name of signee	

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:				•
MLK/I-4 Associales, LLC				·
2. The name and the Florida street address of the registered agent and office are:	SECRE.	99 DI	· . · .	
CT Corporation System	TARY O	DEC 16		. -
(Name)	F STATE FLORIDA	M 2: (D	
Florida street address (P.O. Box NOT ACCEPTABLE))A	<u>ၾ</u>		· -
Plantation FL 33324 City/State/Zip		g (* 1 °	g ····	

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 as provided for in Chapter 608, F.S..

(Signature)

Comic Bryan, Special Asst. Scap.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MLK/I-4 ASSOCIATES, 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 OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 1999.

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



Edward J. Freel, Secretary of State

3141761 8300

AUTHENTICATION:

0139987

991537331

DATE:

12-14-99