

MO3000001798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

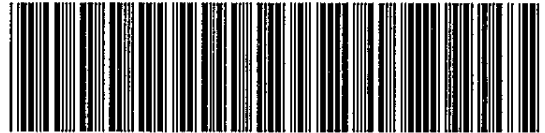
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
INVESTMENT OPERATIONS
TALLAHASSEE, FLORIDA

BK

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1791009-3
(Sub Account)

DATE: 6/2

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: (____) (____ - ____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: AG Buschwood Manager, LLC

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

195.00

- CERTIFIED COPY (1-9) (2 sets please)
- CERTIFICATE OF STATUS (1-9) (2 CUS please)
- PLAIN STAMPED COPY

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SUNSHINE STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

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- 1. AG Buschwood Manager, LLC
(Name of foreign limited liability company)
- 2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. _____
(FEI number, if applicable)
- 4. May 23, 2003
(Date of Organization)
- 5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. Immediately upon acceptance of this Application for Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
- 7. Adler Group, Inc., 1400 NW 107 Avenue, 5th Floor, Miami, Florida 33172
(Street address of principal office)

- 8. If limited liability company is a manager-managed company, check here
- 9. The name and usual business addresses of the managing members or managers are as follows:
Adler Group 1031, LLC, 1400 NW 107 Avenue, 5th Floor, Miami, Florida 33172

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: real estate transaction

Lara D. Coleman
 Signature of a member or an authorized representative of a member.
 (In accordance with section 608.408(2), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Lara D. Coleman, Authorized Representative
 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.

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STATE
FLORIDA

1. The name of the Limited Liability Company is:

AG Buschwood Manager, LLC

2. The name and the Florida street address of the registered agent and office are:

LexisNexis Document Solutions Inc.

(Name)

3953 W. W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, Florida 3231

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

Mary Jo Parole, Asst. Secretary
(Signature)

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

JUN. 2. 2003 11:21AM
JUN. 2. 2003 9:34AM

NO. 930 P. P. 3

Delaware

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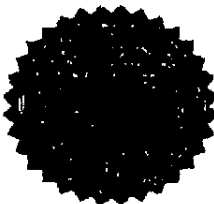
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG BUSCHWOOD MANAGER, 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 TWENTY-THIRD DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG BUSCHWOOD MANAGER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2003.

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

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HARRIET SMITH WINDSOR
SECRETARY OF STATE
DELAWARE



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3662087 8300

AUTHENTICATION: 2434566

030339274

DATE: 05-23-03