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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

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CORPORATION(S) NAME

Safeguard Palm Harbor, Limited Partnership

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00 JAN 26 PM 5:31

Profit

NonProfit

Limited Liability Company

Foreign

Amendment

Merger

Dissolution/Withdrawal

Mark

Limited Partnership

Annual Report

Other

Reinstatement

Reservation

Change of R.A.

Limited Liability Partnership

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CONNIE BRYAN

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3/26/00

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TALLAHASSEE, FLORIDA
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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

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1. Safeguard Palm Harbor, Limited Partnership
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. January 20, 2000
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Agent must sign on this line)

8. Corporation Trust Center, 1209 Orange Street, Wilmington,
County of New Castle, Delaware 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
SDG Palm Harbor, L.L.C.	111 Veterans Memorial Blvd., Suite 1150 Metairie, Louisiana 70005

MOUWUWUWUWU

10. 111 Veterans Memorial Blvd., Suite 1150, Metairie, Louisiana 70005
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. 111 Veterans Memorial Blvd., Suite 1150, Metairie, Louisiana 70005

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

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00 JAN 26 PH 5: 34

Signed this 24th day of January, 2000
SDG Palm Harbor, L.L.C.

By: [Signature] 1/24/00
Bruce C. Roch, Jr. General Partner Its Manager

STATE OF Louisiana

PARISH
COUNTY OF Jefferson

On this 24th day of January, 2000

Bruce C. Roch, Jr. in his capacity as Manager
of SDG Palm Harbor, L.L.C.

personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

JACOB S. CAPRARO
NOTARY PUBLIC
Parish of Orleans, State of Louisiana
My Commission is issued for Life.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

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BEFORE ME the undersigned personally appeared Bruce C. Roch, Jr., in his capacity as Manager of SDG Palm Harbor, L.L.C.
a general partner of Safeguard Palm Harbor, Limited Partnership, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 1,385,000 .
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,385,000 .

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 24th day of January, 2000 .

SDG Palm Harbor, L.L.C.

By: [Signature] 1/24/00
General Partner
Bruce C. Roch, Jr., Its Manager

STATE OF Louisiana
Parish
COUNTY OF Jefferson

On this 24th day of January, 2000 .

Bruce C. Roch, Jr., in his capacity as Manager of SDG Palm Harbor, L.L.C., personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

JACOB S. CAPRARO
NOTARY PUBLIC
Parish of Orleans, State of Louisiana
My Commission is issued for Life.

(Notary's Printed Name)

Seal

My Commission Expires: