4200 IDS CENTER **80 SOUTH EIGHTH STREET** MINNEAPOLIS, MN 55402-2274 TELEPHONE: 612-371-3211 FAX: 612-371-3207

IN ST. PAUL: 444 CEDAR STREET, SUITE 1700 ST. PAUL, MN 55101-3157 TELEPHONE: 651-312-1300 Fax: 651-223-5332

600 17TH STREET, SUITE 1800 SOUTH DENVER, COLORADO 80202-5441 TELEPHONE: 303-573-5900 FAX: 303-573-1956

www.lindquist.com

ATTORNEYS AT LAW

SUZETTE MCNALLY 612-371-3274 smcnally@lindquist.com

March 6, 2002

MJH

500005113475---03/18/02--01063--006 ***1785.00 ***1785.00

Registration Section Florida Secretary of State Corporations Division P.O. Box 6327 Tallahassee, FL 32314

Re:

Goben Enterprises L.P. Our File No. 454967.0005

Dear Sir or Madam:

Please file the enclosed Application for Authorization for Goben Enterprises L.P. Our check in the amount of \$1,785 is enclosed to cover your filing fees. Please send evidence of filing to my attention by mail.

If you have any questions, please call me at (612)371-3274.

Thank you for your kind assistance.

Very truly yours,

Suzette McNally

Paralegal

/sm

Enclosure

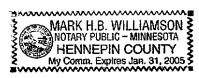
Mark H. B. Williamson (w/o enclosures) cc:

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

1. Goben Enterprises L.P. (Name of limited	partnership as it is in the home state)
,	permissions to it is in the nome state)
2.	
(If name is unavailable, name under which the lim	nited partnership proposes to register or transact business in Florida;
must contain the	he word "LIMITED" or "LTD.")
3. Minnesota	D
(State of Formation)	4 December 30, 1998 (Date of Formation)
	(Sate of Formation)
5. Gary O. Benson	<u> </u>
(Name of Registe	ered Agent for Service of Process)
6. 450 18th Avenue South	
	Idress of Registered Office)
Naples	, Florida 34102
(City)	(Zip Code)
7. Acceptance by the Registered Agent for Service	of Process:
π.	SEC 12.
- Pan	W Senson ER E
	must sign on this line),
3. 4200 IDS Center, 80 South	8th Street
Minneapolis, MN 55402	AHETARY OF SHARE S
(Address of registered office required in stat	e of formation or, if not required, address of principal office.
	e of formation or, if not required, address of principal office.
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
Gary O. Benson	1 450 18th Avenue South, Naples, FL 34102
Michael L. Snow	3300 Norwest Center, 90 South 7th Street
	Minneapolis, MN 55402
0. 4200 IDS Center, 80 South 8th	n Street, Minneapolis, MN 55402
(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. <u>4</u>	200 IDS Center	- 		
8	0 South 8th Street		- :	
M	inneapolis, MN 55402	Attn: Burt	on G. Ross	
	(Mailin	g Address of Limited Par		
Under penand that the	alties of perjury I, being duly sworn e facts stated herein are true and con	. declare that I have read		ontents thereof
Signed this	ay of December	er	, 2001	
	La	MO. Bensal Partner	on	ee van de gewoonde van de gewo
STATE OF	MINNESOTA		+ -	
COUNTY	OF HENNEPIN		* *·1	والمستداد والمست
Or	n thisday of <u>Decen</u>	<u>iber 2007</u>	<u>.</u>	
	Gary O. Benson		, personally appeared be	efore me,
who is p	personally known to me			
whose i	dentity I proved on the basis of		·	
			<u>in a silikation, yan</u>	<u> </u>
	April Marie (Notar	y Public Signature)	<u> </u>	
	Mark H.B. W. (Notar	y's Printed Name)	· · · · · · · · · · · · · · · · · · ·	
Seal	My Commission Expire	s:_1/31/2005-	er v	



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Gary O. Bens	on			
a general partner of <u>Goben Enterprises</u> L.P.	a (an)	Minnesota		
limited partnership, hereinafter referred to as the "Partnership", who certifi	ies as follows	s:	<u></u> -	· · · · · · · · · · · · · · · · · ·
1. The amount of capital contributions of the limited partners is \$ \(\frac{\gamma}{2}, \frac{\gamma}{2}\)	18,000			
2. The anticipated amount of the capital contributions of the limited partner		llocated for the		· -
transacting business in Florida is \$		nocated for the purp	ooses of	
		•		
Under the penalties of perjury I, being duly sworn, declare that I have read	d the forces	Company of the second		
that the facts stated herein are true and correct.	a ine joregoi	ng ana know the co	ntents thereof and	
Signed this 26 day of December , 2001				a - 11 reman
P				=
Day O. Ber	Sov	<u> </u>		
General Partner				· · · · · · · · · · · · · · · · · · ·
NAME OF THE OWNER OWNER OF THE OWNER OWNE				
STATE OF MINNESOTA	.			<u>.</u>
COUNTY OF HENNEPIN	,	- ; 4 ~ ~ · · · ·	-	. <u> </u>
On this 26 day of December				
On this day of December	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		_ ,	= "
Gary O. Benson				
person , pe	ersonally app	eared before me,		
who is personally known to me				
whose identity I proved on the basis of		-		
		Charles (ART) as IT	<u>- </u>	
	<u> </u>			
11 / 11			- 	
This The Thilleson				
(Notary Public Signature)		i	- :	
1 10 11				
Mark H.B. Williamson	**			
(Notary's Printed Name)				
leal My Commission Expires: 1/31/2005				
MARK H.B. WILLIAMSON ₹		•	-	·
NITARY PUBLIC - MINNESOTA E				
My Comm. Expires Jan. 31, 2005				