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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

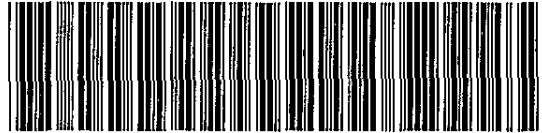
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STATE OF FLORIDA
CORPORATION DIVISION
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 935052 5013688

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 113.75

ORDER DATE : February 18, 2003

ORDER TIME : 11:37 AM

ORDER NO. : 935052-005

CUSTOMER NO: 5013688

CUSTOMER: Philip M. Silver, Esq
Silver & Feldman
Suite 228
3445 Winton Place
Rochester, NY 14623

FOREIGN FILINGS

NAME: THE ROBERT MORGAN LIMITED
PARTNERSHIP ~~LLC~~

~~***~~ FILE 2/20/03 ~~***~~

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

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

1. THE ROBERT MORGAN LIMITED PARTNERSHIP II
(Name of limited partnership as it is in the home state)

2. N/A
(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 16, 2003
(State of Formation) (Date of Formation)

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

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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

Corporation Service Company
By: Bonnie H. Yerry
Bonnie H. Yerry (Agent must sign on this line) Asst. Vice-President

8. 15 East North Street, Dover, DE 19001

(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
R. Morgan Management II, LLC	6390 Plastermill Road Victor, NY 14564

10. 6390 Plastermill Road, Victor, NY 14564
(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. 6390 Plastermill Road, Victor, NY 14564

(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.

Signed this 17th day of February, 2003

R. MORGAN MANAGEMENT II, LLC

By: [Signature] General Partner
Robert C. Morgan, Managing Member

STATE OF New York

COUNTY OF Monroe

On this _____ day of February, 2003

Robert C. Morgan personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

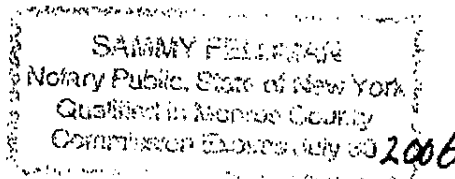
[Signature]
(Notary Public Signature)

Sammy Feldman

(Notary's Printed Name)

Seal

My Commission Expires: 7/30/06



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Robert C. Morgan, Managing Member of R. Morgan Management II, LLC,
a general partner of The Robert Morgan Limited Partnership II, 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 \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.00.

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 _____ day of February, 2003

R. Morgan Management II, LLC

By: 

General Partner

Robert C. Morgan, Managing Member

STATE OF New York

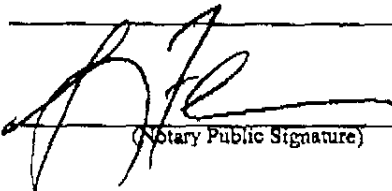
COUNTY OF Monroe

On this _____ day of February, 2003

Robert C. Morgan, personally appeared before me,

who is personally known to me

whose identify I proved on the basis of _____



(Notary Public Signature)

Sammy Feldman

(Notary's Printed Name)

Seal My Commission Expires: 7/30/06

SAMMY FELDMAN
 Notary Public State of New York
 Qualified in Monroe County
 Commission Expires 7/30/06