

B05000000438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

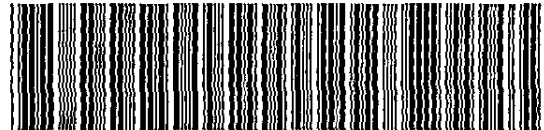
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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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# S i m p s o n L a w



September 19, 2005

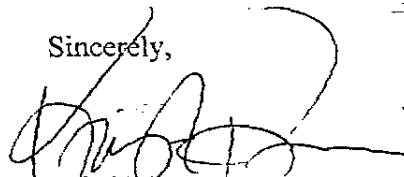
Florida Department of State  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301-5024

RE: 1755 Andrews, Ltd.

Dear Clerk:

Enclosed please find the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida, and Affidavit of Capital Contribution for a Foreign Limited Partnership. I have enclosed the filing fee of \$87.50, based on the \$1000.00 capital contributions. Please file the application on a Rush basis. Once the documentation number has been issued please call our office to inform of the document number. I appreciate your help on this matter. Thank you.

Sincerely,



Kristi Risner

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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
P 2:33

# S i m p s o n L a w



October 5, 2005

Florida Department of State  
Diane Cushing  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 905A00059428

Dear Ms. Cushing:

Enclosed please find the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida. I have completed section two with an alternative name. If you have any further questions please feel free to call. Thank you.

Sincerely,



Kristi Risner



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 29, 2005

KRISTI RISNER  
SIMPSON LAW  
1755 NORTH COLLINS BLVD., SUITE 105  
RICHARDSON, TX 75080

SUBJECT: 1755 ANDREWS, LTD.  
Ref. Number: W05000045043

We have received your document for 1755 ANDREWS, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 905A00059428

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

1. 1755 Andrews, Ltd  
(Name of limited partnership as it is in the home state)

2. 1755 Andrews One, Ltd.  
(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. Texas (State of Formation) 4. July 20, 2005 (Date of Formation)

5. Chris Hill  
(Name of Registered Agent for Service of Process)

6. 3601 Vineland Road # 14  
(Street Address of Registered Office)

Orlando (City), Florida 32811 (Zip Code)

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

Chris Hill  
(Agent must sign on this line)

8. 1755 N. Collins Blvd # 105  
Richardson, TX 75080  
(Address of registered office required in state of formation or, if not required, address of principal office)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Vector Data Communications, INC</u>	<u>1755 N. Collins</u>
<u>FO5000005992</u>	<u>Blvd # 105</u>
	<u>Richardson TX 75080</u>

10. 1755 N. Collins Blvd # 105 Richardson, TX 75080  
(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. 1755 N. Collins Blvd #105  
Richardson TX 75080  
(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 19 day of September 2005.

[Signature]  
General Partner, President of  
STATE OF TEXAS Vector Data Communications, Inc

COUNTY OF DALLAS

On this 19 day of September 2005

Hugh Simpson, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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[Signature]  
(Notary Public Signature)

KRISTI RISNER  
(Notary's Printed Name)



My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Hugh Simpson, President of Vector Data Communications, Inc.  
the general partner of 1755 Andrews, Ltd, a (an) TEXAS

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<sup>00</sup>.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000<sup>00</sup>.

*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 19 day of September, 2005

[Signature]

General Partner President of Vector Data Communications, Inc.

STATE OF Texas  
COUNTY OF Dallas

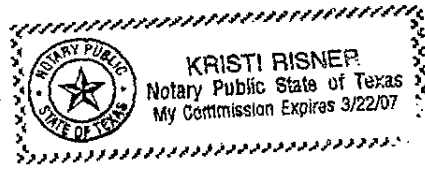
On this 19 day of September, 2005

Hugh Simpson, personally appeared before me

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

KRISTI RISNER  
(Notary's Printed Name)



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TALLAHASSEE FLORIDA

**FILED**

Seal My Commission Expires: \_\_\_\_\_