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C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

CORPORATION(S) NAME

400001552804
-08/03/95--01055--007
***1890.00 ***1890.00

ACRON Daytona Limited Partnership

( ) Profit
( ) NonProfit
( ) Limited Liability Company
( ) Foreign
(X) Limited Partnership
( ) Reinstatement
(X) Certified Copy
( ) Call When Ready
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( ) Amendment
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2

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8/1/95

CR2E031 (1-89)

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. ACRON Daytona Limited Partnership
(Name of limited partnership as it is in the home state)

2. ACRON Daytona Limited Partnership
(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.")

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DIVISION OF CORPORATIONS

3. Texas
(State of Formation)

4. July 6, 1995
(Date of Formation)

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

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

Plantation
(City), Florida 33324
(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. McGuire, Craddock, Strother & Lutes, P.C.; 4301 Thanksgiving Tower, 1601 Elm St., Dallas, Texas 75201
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
ACRON Kapital und Immobilien GmbH, Dallas Branch	2911 Turtle Creek Blvd., Suite 30 Dallas, Texas 75219

$150.00 03704

10. Morsenbroicher Weg 200, D-40470 Dusseldorf, Germany
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONTINUED

12. ACRON Daytona Limited Partnership

2911 Turtle Creek Blvd., Suite 300, Dallas, Texas 75219

(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.

This day of 28, July 19 95

ACRON Kapital und Immobilien GmbH, Dallas Branch

By: _____
General Partner

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STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19 ___, _____

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

_____

_____
(Notary Public Signature)

_____
(Notary's Printed Name)

Seal

My Commission Expires: _____

1785

File No. /1995

I hereby certify that the above is the true signature, subscribed in my presence, of Mr. Klaus-Michael Schnitzler, Managing Director, domicilied at 40470 Düsseldorf, Mörsenbroicher Weg 200, not acting on his own behalf, but in his capacity as managing director on behalf of ACRON Kapital und Immobilien GmbH, a German limited company, domicilied Mörsenbroicher Weg 200 D-40470 Düsseldorf, who is personally known to me.

Duesseldorf, 28 day of July, 1995

/Hfm, Notarwchr

Notarassessor
als amtlich bestellter Vertreter
des Notars Dr. Inga Palmer in
Düsseldorf

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Klaus-Michael Schnitzler, Vice President of ACRON Kapital und Immobilien GmbH, Dallas Branch.

a general partner of ACRON Daytona Limited Partnership, *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 $ 891,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 891,000.

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.

This 28 day of July, 19 95.

ACRON Kapital und Immobilien GmbH, Dallas Branch

By: _____
General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -1 PM 1:14

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19 ___, _____

personally appeared before me, ☐ who is personally known to me

☐ whose identity I proved on the basis of _____

_____

_____
(Notary Public Signature)

_____
(Notary's Printed Name)

Seal

My Commission Expires: _____

File No. 1786 /1995

I hereby certify that the above is the true signature, subscribed in my presence, of Mr. Klaus-Michael Schnitzler, Managing Director, domicilied at 40470 Düsseldorf, Mörsenbroicher Weg 200, not acting on his own behalf, but in his capacity as managing director on behalf of ACRON Kapital und Immobilien GmbH, a German limited company, domicilied Mörsenbroicher Weg 200 D-40470 Düsseldorf, who is personally known to me.

Duesseldorf, 28 day of July, 1995

Notarassessor
als amtlich bestellter Vertreter
des Notars Dr. Ingo Palmer in
Düsseldorf

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DIVISION OF CORPORATIONS
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FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 OCT 23 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

ACRON DAYTONA LIMITED PARTNERSHIP

1a. DOCUMENT # **B950000002?4**

DO NOT WRITE IN THIS SPACE

Mailing Address
2011 TURTLE CREEK BLVD., SUITE 300
DALLAS TX 75219

Principal Office Address
C/O MCGUIRE, CRADDOCK, STROTHER & LUTES
1601 ELM STREET, 43RD THANKSGIVING TOWER
DALLAS TX 75201

2. New Mailing Address, If Applicable
Suite, Apt. #, etc
City, State & Zip

900001622309
10/27/95 01039-003
****576.25 ****576.25

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: **08/01/1995**

3a. Date of Last Report:

4. State or Country of Formation: **TX**

5a. Capital Contributions as Shown on Record: **$1,000.00**

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED [redacted]

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City
FL
Zip Code

10/26

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of [illegible] General Partner (Do NOT Use P.O. Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ACRON KAPITAL UND IMMOBILIEN	2011 TURTLE CREEK BLV	DALLAS TX 75219	P95000010704

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 20 Oct 1995

Typed or Printed Name of General Partner Signing Form: Dale Williams Telephone Number: 581-8004

CR2E003 (6/95)

8911402