

**F12000001654**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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From: Account Name : FLORIDA RESEARCH & FILING SERVICES, INC.  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
SB ASSOCIATES MANAGEMENT CO.**

Certificate of Status	0
Certified Copy	1
Page Count	057
Estimated Charge	\$78.75

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To whom it may concern:

The below company withdrew last year without realizing they needed to be active in order to be a general partner for a limited partnership. They would like to requalify without penalty.

SB ASSOCIATES MANAGEMENT CO.

**Filing Information**

**Document Number** F98000006545  
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**Event Date Filed** 04/08/2011  
**Event Effective Date** NONE

Please let me know if there are any problems.

Sincerely,

Lydia Lott

Florida Research & Filing Services

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SB ASSOCIATES MANAGEMENT CO.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SUSAN MOSTELLER

Name of Person

GOULD & RATNER LLP

Firm/Company

222 N. LASALLE ST., STE. 800

Address

CHICAGO IL 60601

City/State and Zip code

smosteller@gouldratner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN MOSTELLER

Name of Person

at ( 312 ) 236-3003

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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FILE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SB ASSOCIATES MANAGEMENT CO.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/29/1998 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. F98000006545 4/9/2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 222 N. LASALLE ST., STE. 1000, CHICAGO, IL 60601  
(Principal office address)

222 N. LASALLE ST., STE. 1000, CHICAGO, IL 60601  
(Current mailing address)

8. GENERAL PARTNER OF LIMITED PARTNERSHIP  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

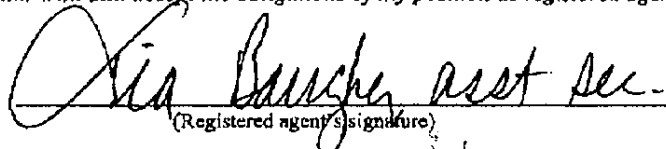
Name: NRAI SERVICES, INC.

Office Address: 515 EAST PARK AVENUE

TALLAHASSEE, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated; not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

TALLAHASSEE, FLORIDA  
2012 APR 18 PM 1:21

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED EXHIBIT A

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: SEE ATTACHED EXHIBIT A

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian B. Gilbert  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. BRIAN B. GILBERT, ASSISTANT SECRETARY  
(Typed or printed name and capacity of person signing application)

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ALVIN K. GILBERT

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SB ASSOCIATES MANAGEMENT CO." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SB ASSOCIATES MANAGEMENT CO." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

2902235 8300

120442007

You may verify this certificate online  
at [corp.delaware.gov/authover.shtml](http://corp.delaware.gov/authover.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9510785

DATE: 04-18-12