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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FLORIDA LIMITED PARTNERSHIP

STELLAR CAPITAL MANAGEMENT LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. The name of the limited partnership is
BALGACS CAPITAL MANAGEMENT LIMITED PARTNERSHIP
2. The business and mailing address of the Limited Partnership is 7595 Bay Meadows Circle West,
#1404, Jacksonville, FL 32256
3. The name and address of the Registered Agent is Robert Balgac, 7595 Bay Meadows Circle
West, # 1404, Jacksonville, FL 32256.

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TALLAHASSEE, FLORIDA


Robert Balgac, Registered Agent

4. The Limited Partnership will have perpetual duration.
5. The name and address of the general partner is:
ROBERT BALGAC INC., 7595 Bay Meadows Circle West, #1404, Jacksonville, FL 32256
#P02000134763
Under penalties of perjury I declare that I have read the forgoing and know the contents thereof
and that the stated herein are true and correct.

December 21 2002.

By: 
ROBERT BALGAC INC.
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

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The undersigned constituting all of the general partners of _____
BALGACS CAPITAL MANAGEMENT LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000.

Signed this 21ST day of December, 2002.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner