|  | MENT # AOOCE  |   |              | <del></del>               |   |  |   |   |                                     |
|--|---|---|--------------|---------------------------|---|--|---|---|-------------------------------------|
| 1. Entity Nam                                      | MENT # <b>A2065</b>   | 9   |              |                           |   |  |   |   | •                                   |
| HYPOLUXO ASSOCIATES LIMITED                        |   |   |              |                           |   | FILED                                    |   |   |                                     |
| Principal Place of Business Mailing Address        |   |   |              |                           |   | 00 MAR 14 PM 4: 5                        |   |   |                                     |
| C/O BOJER F  | Financial<br>BLVD. STE. 206   | C/O BOJER FINANCIAL<br>633 SKOKIE BLVD STE. 206<br>NORTHBROOK IL 60062-2824 |              |                           | SECRETARY OF STATE TATE AHASSEE, FLORE        |  |   |   |                                     |
| 2. Principal P                                     |   |   |              |                           |   |  | 818H 818H 818H 188H   |   |                                     |
| 725 Sidewinder Drive 1725 Sidewi                   |   |   | inder        | Driv                      | ve  | PO NOT WORK IN THE STATE                 |   |   |                                     |
| Suite, Apt. #, etc. Suite 1000 Suite 1             |   |   |              |                           |   | DO NOT WRITE IN THIS SPACE               |   |   |                                     |
| City & State                                       | е   | City & State  |              |                           |   | 4. FEI Number                            | 59-2634402  | T                                       | Applied For<br>Not Applicable       |
| <u>Park Ci</u><br>Zip                              | ty, Utah Country  | Park City,  | Utar<br>Coun |                           |   | E Cartificate of                         |   | <br>¬ \$8.75                            | Additional                          |
| 84060  | USA   | 84060   | l us         | Α                         |   | 5. Certificate of                        |   | Fee Re                                  |                                     |
|  | 6. Name and Address of Current I  | Registered Agent  | <del></del>  | Name                      |   | 7. Name and A                            | ddress of New Regis   | stered Agent                            |                                     |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD |   |   |              | Street A                  | t Address (P.O. Box Number is Not Acceptable) |  |   |   |                                     |
| PLANTATION FL 33324                                |   |   |              |                           |   |  |   |   |                                     |
| ·  |   |   |              | City                      | FL Zip Code                                   |  |   |   | Code                                |
| as Shown   | A GENERAL PARTNER T NOTE: General Partners MA   | Y NOT be changed on   | NTITY M      | UST BE I<br>; an ame      | REGIST<br>ndment                              | ERED AND AC                              | SEE REVERSE S<br>TIVE WITH THIS O<br>to change a gener<br>ADDRESS CHANG | FFICE.<br>ral partner.                  | NFORMATION                          |
| DOCUMENT#  | G95066900020  |   |              |                           |   | ADDITEOS OFFICIA                         |   |   |                                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | JUDELSON MANAGEMENT PARTNERSHIP<br>633 SKOKIE BLVD., STE. 206<br>NORTHBROOK IL 60062  |   |              | EET ADDRESS<br>- ST - ZIP |   | 5 Sidewi<br>k City,                      | nder Driv   |   | te 1000                             |
| DOCUMENT #   |   |   | STR          | EET ADDRESS               |   |  | 000318  | 3078                                    | 88                                  |
| STREET ADDRESS<br>City-St-Zip                      |   |   | СПҮ          | -ST-ZIP                   |   |  | ****528.  | 25 ***                                  | r526.25                             |
| DOCUMENT #<br>NAME                                 |   |   | STR          | EET ADDRESS               | • .   |  |   |   |                                     |
| STREET ADDRESS<br>CITY - ST - ZIP                  |   |   | спу          | -ST-ZIP                   |   |  |   |   |                                     |
| DOCUMENT #<br>NAME<br>STREET ADDRESS               |   |   | STR          | EET ADDRESS               |   |  |   |   |                                     |
| CITY-ST-ZIP  |   |   | CITY         | '-ST-ZIP                  |   |  |   |   |                                     |
| DOCUMENT # NAME                                    |   |   | STR          | EET ADDRESS               |   |  |   |   |                                     |
| STREET ADDRESS CITY - ST - ZIP                     | ;   | · · · · · · · · · · · · · · · · · · ·                                       | CITY         | '-ST-2IP                  |   |  |   |   |                                     |
| DOCUMENT#  |   |   | STR          | EET ADDRESS               |   |  |   |   |                                     |
| CITY - ST - ZIP                                    |   |   |              | -ST-ZIP                   |   |  | <b>5</b> 11 6 11 11   | u                                       | 46-2                                |
| indicated  | certify that the information supplied with<br>on this report is true and accurate and<br>yer or trustee empowered to execute this | that my signature shall bay   | e the sam    | e legal effe              | ct as it m                                    | ction 119.07(3)(i),<br>ade under oath; t | ⊢iorida Statutes. I furt<br>hat I am a General Pa                       | iner certify that<br>irtner of the limi | the information ited partnership or |