

**A96000001864**

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Connell Capital Fund Ltd  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-10/09/96--01105--025  
\*\*\*1837.50 \*\*\*1837.50

☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
96 OCT -7 AM 10:30  
DIVISION OF CORPORATION

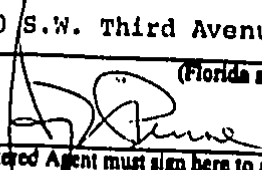
G. TAX  
FILING 17.50.00  
R. AGENT FEE 35.00  
C. COPY 52.50  
TOTAL 1 & 37.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
RECEIVED \_\_\_\_\_

10/7/96

Examiner's Initials BK

# CERTIFICATE OF LIMITED PARTNERSHIP

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96-11-1 AM 11:16

1. CONNELL CAPITAL FUND, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2600 S.W. Third Avenue, Suite 800, Miami, FL 33129  
(Business address of Limited Partnership)
3. Stephen L. Perrone  
(Name of Registered Agent for Service of Process)
4. 2600 S.W. Third Avenue, Suite 800, Miami, FL 33129  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2600 S.W. Third Avenue, Suite 800, Miami, FL 33129  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2001

8. Name(s) of general partner(s):

Street address:

Connell Capital Fund, Inc.

2600 S.W. Third Avenue, Suite 301  
Miami, FL 33129

140000-81370

*Under 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.*

Signed this 2nd day of October, 19 96.

Signature of all general partners:  
 Connell Capital Fund, Inc.  
 By:   
 General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

FILE OF EVIDENCE  
SECRETARY OF REVENUE  
DIVISION OF REVENUE  
96 OCT 11 AM 11:16

The undersigned constituting all of the general partners of CONNELL CAPITAL  
FUND, LTD.

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 \$ 1,000,000.00

Signed this 2nd day of October, 19 96

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.*

Connell Capital Fund, Inc.

By: [Signature] VP  
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner