## 

C T CORPORATION SYSTEM		• •		
Requestor's Name 660 East Jefferson Street		70	0003166 -03/13/000	1278 11002004
Address			*****87.58	*****87.50
	350)222-1092	70	0003166 )-03/13/00	1278
City State Zip	Phone		-03/13/000 ****122.50	)1002005 ****122,50
CORPORATION	(S) NAME	<u>.</u>		
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Alliance G	) CC Limit	ed Partner	$sh, \rho$	8 2
() Profit () NonProfit () Limited Liability Company	() Amendm	ent	() Merger	TARY OF CORP.
Foreign :	() Dissolution	on/Withdrawal	() Mark	8: 17
Mulimited Partnership	() Annual R	eport	() Other	75
() Reinstatement	() Reservation		() Change of	
() Limited Liability Partners	hip -	<u> </u>	() Fictitious	<u>s Name</u>
Certified Copy	() Photo Co	ppies = 2-		<u> </u>
() Call When Ready	() Call if Pro	blem	() After 4:30	÷ ,
Walk In	() Will Wait		Pick Up	
() Mail Out	·			· .
Name	- 44		P S	8 -
Availability	3110	PLEASE R	ETURN EXPRASCO	
Document			FILE STAMPED THANKS	$\mathbb{Z}$
Examiner	•		SEC	
Updater	~ ~g = -	c	ONNIE BRYAN	₽ <
Verifier	Λ		CRAS RAS RAS	ECEIVED
V.	ie - MI			2
Acknowledgment	<i>' 기'</i> (	,	S	

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W.P. Verifler

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. Alliance GD_CC Limited Par	rtnershi	p				
(Name of I	imited partn	ership as i	it is in th	ne home state)		
2 N/A						0
(If name is unavailable, name under when	nich the lim	ited partne	rship pr	oposes to regist	er or transact bus	iness
Florida; mu	st contain th	ie word "L	IMITEI	O" or "LTD.")		1
D-1		3.6		0000		
3. Delaware (State of Formation)	4	March	of For	mation)		
(State of Pormation)		(Dai	e oi toi	manony		
5. C T Corporation System						
(Name of Registere	d Agent for	Service of	Process	s)		
6. c/o CT Corporation System, 1200 South	ı Pine Island	l Road				
(St	reet Addres	s of Regist	ered Of	fice)	-4 -	
Plantation (City)		- Maria	, Flo	rida <u>33324</u> (Z	<u>.</u>	
(City)				(2	ip Code)	
7. Acceptance by the Registered Agent for	Service of	Process:				
C T Corporation System	a A					
	1 m	1. Hol				
	(Agent mus	t sign on t	his line)	James M. Assistant	Halpin	*
8. 1209 Orange Street, Wilmi	ington, I	DE 198	01	Assistant	t Secretary	
		<b>M</b> -				
(Address of registered office required	in state of	formation	or, if no	t required, addre	ess of principal of	fice.)
9. NAMES OF GENERAL PARTNERS				STREET AI	ODRESS	
				OHOLH AI		
Alliando CD CC CD Ind		<del>-</del> :		104 Eti zwel	Deed Cuite	250
Alliance GD CC GP, Inc.			<u></u>	Deerfield,	Road, Suite	350
F0000000	1271	)		Deerrieru,	15 00013	
	1100	<i>)</i>				
10. 104 Wilmot Road, Suite 350						
(Office where Names, Add	iresses and (	Contributio	ons of L	imited Partners	are kent )	

CONTINUED

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 canceled or

withdrawn.

(Mailing Address of Limited Pa	artnership)	
Under penalties of perjury I, being duly sworn, declare that I have re thereof and that the facts stated herein are true and correct.	ad the foregoing and know th	ne contents
This 3rd day of March	, <b>xp</b> s_2000	" 第
Alliance CD CC GP, Inc.	, • •	0
By:  General Partner		
Andrew W. Schor, President of GP	_	
ATE OF Illinois		
UNTY OF Cook		
<u> </u>	·	
On this 3rd day of March po 20	100	<b>-</b>
On this, pg_2c	,	
Andrew W. Schor	personally appeared b	efore me.
		,
who is personally known to me		
The description of the second		
whose identity I proved on the basis of		<del></del>
~3 C \ ;		
(Notary Public Signature)	<del></del>	-
Lony Brazda (Notary's Printed Name)		
(Notary's Printed Name)		
Seal My Commission Expires: 11	12512000	

"OFFICIAL SEAL"
LONY BRAZDA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/25/2000

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Andrew W. Schor as President of Alliance GD CC GP, Inc.
a general partner of Alliance GD CC Limited Partnership , a (an) Delaware
imited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 9,500.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 4,500.00
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 _3 day ofMarch , pg 2000  Alliance GD CC GP, Inc.
By:
Andrew W. Schor, President
STATE OF Illinois
COUNTY OF Cook
On this 359 day of March , xx 2000
Andrew W. Schor as President of  Alliance GD CC GP, Inc.  , personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature) S"OFFICIAL SEAL"
} LONY BRAZDA }
NOTARY PUBLIC, STATE OF ILLINOIS & MY COMMISSION EXPIRES 11/25/2000 & MY COMMISSION EXPIRES 11/25/2000 &
Seal My Commission Expires: 11 25 2000

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