## 300000000203

**CT Corporation System** 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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<u>.</u>	Corporation(s) Name	*****87.50 *****8
		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Stonebridge.	lampa Limited	tartnership 3
( )Profit ( )Nonprofit	( )Amendment	()Merger
()Foreign ()LLC	( )Dissolution ( )Withdrawal	( )Mark
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	( )UBR ( )Fititious Name	()Other ()Ch. RA
***Special Instructions**		
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Carol Clark

Florida Department of State, Sandra B. Mortham, Secretary of State

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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	(Name of limited partner	rship as it is in th	e home	state)			Ç	
2								
<i>L</i> .	(If name is unavailable, name under which the limit Florida; must contain th	ted partnership p ne word "LIMITE	roposes D" or "I	to regi: LTD.")	ster or transa	act bus	inessen	7 MO. 4
3.	Commonwealth of Massachusetts	December	29,	199	9		,	5
	(State of Formation)	(Date	of Forr	nation)	·			翠0.
5.	C T CORPORATION	SYSTEM			•			٤
	(Name of Registered Agent	for Service of Pro	ocess)					
6.	1200 South Pine		-					
	(Street Address of Reg	ristered Office)						•
	Plantation		Flori	đa	33324			
	(City)		.,		(Zip Cod	le)		
7. <i>.</i> 8		ATION SYSTE	∋)	CIAL	AMY BEF	ANT	ETTI SECRE	TAR
•	(Address of registered office required in state of form	nation or, if not re	equired,	address	of principal	office	.)	7
9.	NAME OF GENERAL PARTNERS	STI	REET A	DDRE	SS			
					Street			
N∈	epsa 1997 Property Investors, In	nc. We	st S	prin	gfield,	ΜÀ	01089	
	F9700002164			,		ı		
10.	380 Union Street, West Springf	ield, MA	01089	9				
	(Office where Names, Addresses and Co	ontributions of Li	imited P	artners	are kept.)			
11.	The limited partnership will undertake to keep the	e records listing	the ac	idresse	s and capits	പ് വേ	tributions	of the
	limited partner or limited partners until the limited par						~~~~	Oz MIN

CONTINUED

withdrawn.

12. 380	Union	Street,	West	Springf	ield,	MA	01089			
-		(1	Mailing A	Address of Lim	ited Parti	nership	))			
		y I, being duly erein are true		leclare that I ha ct.	ve read th	he fore	going and l	know the	contents the	ereof
This 201	day of	June								3 競
		Neps	a 199	7 Proper	ty In	vest	ors, I	nc.,	Genera:	
	Βż	<del>/ •</del>		General	Partner		rick And	Offy, Vie	Presider	ા જે 🤮
	Въ	7 <b>:</b>		General					Ŏ	
STATE OF_		chusetts			•	J	eremy Pa	ava, Trea	- surer	HO: FS
COUNTY OF							v			W.
On t	his <b>304h</b>	_day of	June,	20009		.>				
Fred Ant	hony, Vice	e President	nd	Jeremy Pa	va, Trea	isurer person	ally appea	red before	me.	
						*	7 11		,	
番 who is per	sonally kno	wn to me								
□ whose iden	ıtity I prove	d on the basis	of							
G whose idei	uity I prove	d on the basis	or		-		<u></u>			_
		ĽÓÙ AN	N M. MC	Public Signatur  PRSE, Notary  prires: October	Public					
	_	•		Printed Name						

My Commission Expires:

Seal

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared Nepsa 1997 Property Truestors Inc.
a general partner of Stonebridge Tampa Limited Partnership , a (an) Massachusetts
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 1,000.00.
<ol> <li>The amount of capital contributions of the limited partners is \$ 1,000.00.</li> <li>The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.</li> <li>Under the penalties of perjury, I being duly sworn, declare that I have read the foregoing and know the contents thereof and</li> </ol>
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 20th day of June , xox 2000 .  NEPSA 1997 PROPERTY INVESTORS, INC.
By: Jelly
General Partner Fred Anthony, Vice President
By:
STATE OF Massachusetts  Jeremy Pava, Treasurer
COUNTY OF Hampden
On this
who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature) LOU ANN M. MCRSic, Notary Public My Commission Expires: Gcaobar 8, 2000
(Notary's Printed Name)
Seal My Commission Expires: