



BOOOOOO000220

ACCOUNT NO. : 072100000032

REFERENCE : 773631 4804484

AUTHORIZATION : Patricia Pijoto

COST LIMIT : \$ 140.00

ORDER DATE : July 24, 2000

ORDER TIME : 11:06 AM

ORDER NO. : 773631-015

CUSTOMER NO: 4804484

300003336783--7

CUSTOMER: Ms. Jen Dombrowski
Wolf Block Schorr And
22nd Floor
1650 Arch Street
Philadelphia, PA 19103-2097

FOREIGN FILINGS

20070040896

NAME: J.L.S. JENSEN BEACH, L.P.

XXXX QUALIFICATION (TYPE: LP)

[Handwritten signature]

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

[Handwritten signature]

CONTACT PERSON: Jeanine Reynolds

EXT 1133

CORPORATE

00 JUL 26 PM 4: 57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 PM 12: 08

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
RECEIVED BY THE STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 4: 57

1. J.L.S. Jensen Beach, L.P.

(Name of Limited Partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida: must contain the word "LIMITED" or "LTD")

3. Delaware
(State of Formation)

4. _____
(Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.
By: BRIAN COURTNEY, ASST. V.P.
(Agent must sign on this line)

8. 1013 Centre Road, Wilmington, DE 19805
(Address of registered office required in state of formation of, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>J.L.S., GP LLC</u>	<u>1500 San Remo Avenue</u>
	<u>Suite 185</u>
	<u>Coral Gables, FL 33146</u>

10. 1500 San Remo Avenue, Suite 185, Coral Gables, FL 33146
(Office where Names, Addresses and contributions of Limited Partners are kept.)

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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 1500 San Remo Avenue, Suite 185, Coral Gables FL 33146

(Mailing Address of Limited Partnership)

Under penalties of perjury, I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated therein are true and correct.

This day of 21, July, 2000.

J.L.S., GP LLC

By: [Signature]
Name: Eric D. Sheppard
Title: President

STATE OF FL

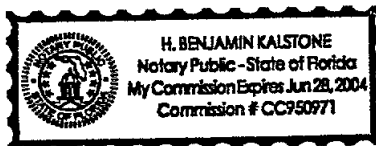
COUNTY OF MIAMI

On this 21 day of July, 2000, Eric D. Sheppard

personally appeared before me,

☒ who is personally known to me

☐ who identity I proved on the bases _____



[Signature]
(Notary Public Signature)

(Notary Public Signature)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED
PARTNERSHIP

FILED
CLERK OF STATE
JULY 26 PM 4:57
TAMPA, FLORIDA

Before me, the undersigned personally J.L.S., GP LLC, a general partner of J.L.S.
Jensen Beach, L.P., a Delaware Limited Partnership hereinafter referred to as the
"Partnership", who certifies as follows:

The amount of capital contributions of the limited partners is \$ 1,100.00.

The anticipated amount of capital contributions of the limited partners that are
allocated for the purposes of transacting business in Florida is \$ 2,000.00.

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 21 day of July, 2000.

J.L.S., GP LLC

By: [Signature]
Name: Eric D. Sheppard
Title: President

STATE OF

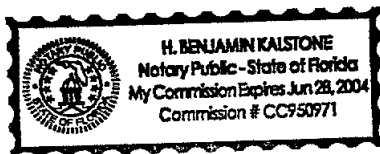
COUNTY OF

On this 21 day of July, 2000,

personally appeared before me,

☒ who is personally known to me

☐ who identity I proved on the bases _____



[Signature]
(Notary Public Signature)

My Commission expires: 6/28/04