Document Number 00000000248

C T CORPORATION SYSTEM

W.P. Verifier

Requestor's Name 660 East Jefferson Street				
Address Tallahassee, FL 32301 (8 City State Zip CORPORATION	50)222-1092 Phone (S) NAME	1000033466110 -08/04/0001062004 ***1793.75 ***1793.75		
Graham Florida	Medical Building Li	nited Patnorsh	ip and the second	
() Profit () NonProfit () Limited Liability Company () Foreign M Limited Partnership () Reinstatement	() Amendment () Dissolution/Withdrawal () Annual Report () Reservation	() Merger () Mark () Other () Change of R.A.	CORPONATIONS	
() Limited Liability Partners () Certified Copy () Call When Ready () Walk in () Mail Out		() Fictitious Name () GUS () After 4:30 () Pick Up	-	
Name Availability Document Examiner Updater Verifier Acknowledgment	SS: S #4	RETURN EXTRA COPY(S) FILEYSTAMPED CHANKSAID ARMAEAR TEARNEST TO 900 VICE - 5	714 101	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 4, 2000

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: GRAHAM FLORIDA MEDICAL BUILDING LIMITED PARTNERSHIP

Ref. Number: W00000019436

We have received your document for GRAHAM FLORIDA MEDICAL BUILDING LIMITED PARTNERSHIP and your check(s) totaling \$1793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,793.75 payment.

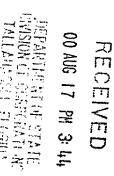
This limited partnership could not be filed because the filing of its corporate general partner had to be returned for corrections.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 000A00042409



FILE SECOND

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

Graham Florida Medical Building	
(Name of limited partne	ership as it is in the home state)
<u> </u>	
If name is unavailable, name under which the limited p must contain the wo	partnership proposes to register or transact business in Florid or "LTD.")
. Iowa 4	7/27/00 (Date of Formation)
(State of Formation) 4	(Date of Formation)
CT Corporation System	
(Name of Registered Agent for	Service of Process)
1200 South Pine Island Road	
(Street Address	s of Registered Office)
Plantation	, Florida <u>33324</u> (Zip Code)
(City)	(Zip Code)
. Acceptance by the Registered Agent for Service of I	Process:
	CONNE BRYAN
X Comie Burn	SPECIAL ASSISTANT SECRETARY st sign on this line)
(Agent mus	st sign on this line)
500 Locust Street	
Des Moines, IA 50309	
	formation or, if not required, address of principal office.)
. NAMES OF GENERAL PARTNERS	STREET ADDRESS
The Graham Group, Inc.	500 Locust Street
	Des Moines, IA 50309
	T7 50200
0. 500 Locust Street, Des Moines	, 1A 50309 Contributions of Limited Partners are kept.)
(Office where names, Addresses and	Continuations of Limited Fatthers 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 canceled or

withdrawn.

12. 500 Locu	ıst Street			9
				8
Des Moir	nes, IA 503			
	<i>(</i>)	Mailing Address of Limited Pa	irtnership)	2 255
Under penalties of per and that the facts state			d the foregoing and know the contents th	ereof Ho.
Signed this 27	day of	July		6
By	The Graha	am Group, Inc., Gen		
<i></i>		Signeral Existence C	harles R. Taylor, Vice Pro	esident
STATE OF	Iowa		V	
COUNTY OF	Polk		-	
On this	oth day of	July , 200	0	
Charles R.	Taylor		personally appeared before me,	
who is personally k	known to me			
—				
whose identity I pr	roved on the basis	of	····	
				_
	Carol.	K. Kitcheele (Notary Public Signature)		
		(Notary Public Signature)		
	Carol	L. Hitchell (Notary's Printed Name)		

7/27/2001

My Commission Expires:__

Seal

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITÉ PARTNERSHIP Charles R. Taylor, Vice President of The Graham Group, Inc. BEFORE ME the undersigned personally appeared _ Graham Florida Medical a general partner of Building Limited Partnership limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: 1. The amount of capital contributions of the limited partners is \$ 5,000,000. 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is S 5,000,000 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. Signed this 27 day of July The Graham Group, Inc., General Partne STATE OF Polk COUNTY OF_ July 2000 Charles R. Taylor _____, personally appeared before me, who is personally known to me whose identity I proved on the basis of _____ (Notary Public Signature)

My Commission Expires:

Carol L. Mitchell

7/27/2001

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