



September 19, 2000

Via Federal Express #8215 4378 4454

Registration Division
Division of Corporations
Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32399

600003399426--4
-09/20/00-01066-004
***1435.00 ***1435.00

RE: *S-SI Okeechobee, L.P.*
Okeechobee Venture No. One, L.P.

Ladies and Gentlemen:

Enclosed please find the completed *Application by Foreign Limited Partnership for Authorization to Transact Business in Florida* for the above referenced entities along with the required fees.

Please forward the acknowledgments to my attention, Linda Cumming, at the address listed below including any related correspondence:

Linda Cumming
St. Ives Realty, Inc.
100 N. Central Expressway, Suite 810
Richardson, TX 75081
972/235-7888
Fax: 972/235-3570

I would appreciate a fax confirmation of the acknowledgment as soon as possible so that we may proceed with our developments.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Linda Cumming
Linda Cumming

FILED
SEP 19 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/mt
9/25

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

1. S-SI Okeechobee, 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. Texas 4. August 31, 2000
(State of Formation) (Date of Formation)

5. Cornerstone Management & Leasing, Inc.
(Name of Registered Agent for Service of Process)

6. 1936 San Marco Blvd.
(Street Address of Registered Office)

Jacksonville, _____, Florida 32207
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Richard M. Romano
(Agent must sign on this line)

8. 100 N. Central Expressway, Suite 810
Richardson, TX 75080
(Address of registered office required in state of formation or, if not required, address of principal office.)

FILED
00 SEP 19 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Troy Bathman 100 N. Central Exp, #810 Richardson, TX 75080

James E. Gissler 100 N. Central Exp., #810, Richardson, TX 75080

10. 100 N. Central Expressway, Suite 810 Richardson, TX 75080
(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 canceled or withdrawn.

CONTINUED

100 N. Central Expressway, Suite 810

12.

Richardson, TX 75080

(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 herein are true and correct.

Signed this 18 day of September, 2000.

[Handwritten Signature]
(General Partner)

STATE OF _____

COUNTY OF _____

On this _____ day of _____

_____ personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

00 SEP 19 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____
a general partner of _____, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 200,000.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200,000.

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 _____ day of _____,

General Partner

STATE OF _____

COUNTY OF _____

On this _____ day of _____,

_____, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

FILED
00 SEP 19 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: