

CT CORPORATION SYSTEM

BO1000000270  
FILED  
AUG 7 PM 2:45  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Alliance DK Limited Partnership

100004522901--9  
-08/07/01--01059--013  
\*\*\*1785.00 \*\*\*1785.00

100004522901--9  
-08/07/01--01059--014  
\*\*\*105.00 \*\*\*105.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
2		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/7/01

Order#: 4710847

FILE SECOND

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
01 AUG -7 PM 12:32  
DIVISION OF CORPORATION

BK

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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

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

FILED  
AUG - 7 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Alliance DK Limited Partnership  
(Name of limited partnership as it is in the home state)
2. N/A  
(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 4. August 3, 2001  
(State of Formation) (Date of Formation)
5. C T Corporation System  
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road  
(Street Address of Registered Office)  
Plantation, Florida 33324  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
C T Corporation System  
Anne E Diamond, Asst. Sec  
(Agent must sign on this line) Anne E. Diamond, Assistant Secretary
8. 1209 Orange Street  
Wilmington, Delaware 19801  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS  

	STREET ADDRESS
<u>Alliance DK GP, Inc.</u>	<u>104 Wilmot Road, Suite 350</u> <u>Deerfield, Illinois 60015</u>

*Followed 76*
10. 104 Wilmot Road, Suite 350, Deerfield, Illinois 60015  
(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

12. 104 Wilmot Road, Suite 350

Deerfield, Illinois 60015

(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.

This 26<sup>th</sup> day of July, 2001

Alliance DK GP, Inc., General Partner

By:

Andrew W. Schor, President General Partner

STATE OF ILLINOIS

COUNTY OF LAKE

On this 26<sup>th</sup> day of July, 2001

Andrew W. Schor

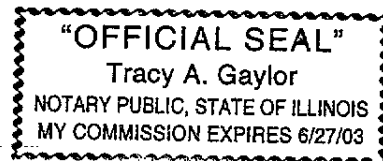
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Tracy A. Gaylor  
(Notary Public Signature)

Tracy A. Gaylor  
(Notary's Printed Name)



Seal

My Commission Expires: 6/27/03

FILED  
01 AUG - 7 PM 2:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Andrew W. Schor, President of Alliance DK GP, Inc., a general partner of Alliance DK Limited Partnership, a ~~(xxx)~~ Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 6,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,660,000.

*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.*

This 26<sup>th</sup> day of July, 2001.

Alliance DK GP, Inc., General Partner

By: [Signature]

Andrew W. Schor, President General Partner

STATE OF ILLINOIS

COUNTY OF LAKE

On this 26<sup>th</sup> day of July, 2001,

Andrew W. Schor, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Tracy A. Gaylor  
(Notary Public Signature)

Tracy A. Gaylor  
(Notary's Printed Name)

Seal

My Commission Expires:

