

B61 0000000279

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Spear Valencia Limited Partnership

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/15

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | | |
| <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 | | |

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DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Name _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/15/01

Order#: 4720344

900004536609--4

-08/15/01--01013--019

Ref#: ***1365.00 ***1365.00

Amount: \$

900004536609--4

-08/15/01--01013--020

*****70.00 *****70.00

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

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

1. Spear Valencia Limited Partnership
(Name of limited partnership as it is in the home state)
2. Spear Valencia Limited Partnership
(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. Illinois 4. June 15, 2001
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 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:
Anne E Diamond
(Agent must sign on this line)
8. CT Corporation System Anne E Diamond
201 East Ogden Avenue, Suite 26, Hinsdale, Illinois 60521
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- Oswego Home Investors, Inc., 201 East Ogden Avenue, Suite 26, Hinsdale,
Illinois 60521
10. 201 East Ogden Avenue, Suite 26, Hinsdale, Illinois 60521
(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.

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CONTINUED

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12. Spear Valencia Limited Partnership

201 East Ogden Avenue, Suite 26, Hinsdale, Illinois 60521
(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 7th day of August, 2001

H. Bruce McClaren

General Partner (H. Bruce McClaren)

STATE OF Illinois

COUNTY OF Cook

On this 7th day of August, 2001,

H. Bruce McClaren

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

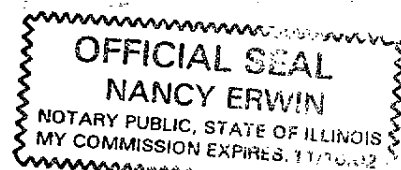
Nancy Erwin
(Notary Public Signature)

Nancy Erwin
(Notary's Printed Name)

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TALLAHASSEE, FLORIDA

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My Commission Expires: 11/10/02



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared H. Bruce McClaren, President, Oswego Home Investors, Inc.
a general partner of Spear Valencia Limited Partnership, a(an) Illinois
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 7th day of August, 2001

H. Bruce McClaren

General Partner (H. Bruce McClaren)

STATE OF Illinois

COUNTY OF Cook

On this 7th day of August, 2001

H. Bruce McClaren

, personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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TALLAHASSEE, FLORIDA

Nancy Erwin
(Notary Public Signature)

Nancy Erwin
(Notary's Printed Name)



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My Commission Expires: 11/10/02