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() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
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Availability	The state of the s	Order#: 5217573
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W.P. Verifier		Amount: \$

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



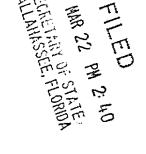
## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 22, 2002

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: ELLIMAN REALTY CO. Ref. Number: W02000008150



Trents | Broh. All M.

We have received your document for ELLIMAN REALTY CO. and check(s) totaling \$636.79. However, your check(s) and document are being returned for the following:

Is this entity a limited partnership???

If so, please add a LIMITED PARTNERSHIP SUFFIX to the name on line 1 for Florida indexing purposes. Please add LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 802A00017350

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RECEIVED

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

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

1. Elliman Realty Co., L+	ો.	SSS
(Name of limited	partnership as it is in the home state)	TO 2
(If name is unavailable, name under which the Florida; must conta	e limited partnership proposes to register or ain the word "LIMITED" or "LTD.")	transact businessin
3. Vermont (State of Formation)	4. December 31, 1986 (Date of Formation)	<u> </u>
5. CT Corporation System (Name of Registered Ager		
, , , ,	,	_
6. c/o C T Corporation System, 1200 South Pine I (Street Ad	Island Road ddress of Registered Office)	
Plantation	, Florida 33324	
(City) 7. Acceptance by the Registered Agent for Service	(Zip Co	ode)
T Corporation System	menta May = :	SALUMA ASIDITA-CRIV PESILI ADDOTATI SENTITITY
Agent 3. P.O. Box 609, Cottage Club	must sign on this line) Road, Stower, VT 05672	<del>-</del>
		- · · · · · · · · · · · · · · · · · · ·
(Address of registered office required in sta	te of formation or, if not required, address o	f principal office.)
O. NAMES OF GENERAL PARTNERS	STREET ADDR	ESS
D. Trowbridge Elliman	P.O. Box 609, Cottage Cla	ub Rd., Stowe VT 05 <u>67</u> 2
Claudia W. Elliman	P.O. Box 609, Cottage Cl	ıb Rd., Stowe, VT 05672

10. P.O. Box 609, Cottage Club Road, Stowe, VI 05672

(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.

12. P.O. Box 609, Cottage Club Road, Stowe, VT 05672	, <u></u> 7
(Mailing Address of Limited Partnership)  Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents.	
(Mailing Address of Limited Partnership)	_
thereof and that the facts stated herein are true and correct.	
This 19 <sup>th</sup> day of March 2002.	
This 19 day of March, 2002.	=-
	-
General Partner	
Solice at at a constant at a c	
STATE OF VERMONT	
COUNTY OF CHITTENDEN	
On thisday ofMarch, 2002	
, 2002	-
D. Trowbridge Elliman personally appeared before me,	•
who is personally known to me	
whose identity I proved on the basis of Q (1) S + CSSDX	
whose identity I proved on the basis of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	=
	-
$// \cap 1$	
Clark = hh.	
(Notary Public Signature)	_
Mary Constant	
(Marry's Printed Name)	
$\sim$	
Seal My Commission Expires: 2-10-03	
Seal My Commission Expires: 2 10 5	

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared <u>D. Trowbridge Elliman</u>
a general partner of Elliman Realty Co , a (an) Vermont
a general partner of <u>Elliman Realty Co.</u> , a (an) <u>Vermont</u> limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:  1. The amount of capital contributions of the limited partners is \$ 373,800  2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of the second contributions.
1. The amount of capital contributions of the limited partners is \$ 373,800
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of the
transacting business in Florida is \$ 85,974 .
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 day of March
150
General Partner
Opicial Parties
STATE OF VERMONT
COUNTY OF CHITTENDEN
COUNTY OF GITTENDERY
On this, day of,,,
D. Theoretical des. Ellisters
D. Trowbridge Elliman , personally appeared before me,
who is personally known to me
Whose identity I proved on the basis of Q U 5 Tasy AH
(Notary Hablic Signature)

Seal

My Commission Expires:

2-10.03