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

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(Name of limited partnership as it is in the home state) (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. April 26, 1995 (State of Formation) (Date of Formation) (Name of Registered Agent for Service of Process) R (State of C T Corporation System, 1200 South Pine Island Road R (City) (Street Address of Registered Office) Plantation Florida, 33324 (City) (City) (City) (City) (Agear must sign on this line) Assistant Secretary (Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS STREET ADDRESS		INERSHIP FOR SS IN FLORIDA	
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CONTINUED

12. 1800 Valley View Lane

(Mailing Address of Lin	nited Partnership)	
Under penalties of perjury l, being duly sworn, declare that l l thereof and that the facts stated herein are true and correct.	have read the foregoing and know t	he contents
This 4th day of April	, <u>20</u> .	TAISE
General Par	tner	CAETAF LLNHAS
TATE OF Texas		2 APR
COUNTY OF Dallas		12 12
On this 4thday of _April	, <u>02</u> ,	حر
Robert A. Waldman	personally appeared	i before me,
is personally known to me		
whose identity I proved on the basis of		
S Porator		

S.L.PZ つり (Notary's Printed Name)



My Commission Expires:

9-25-04

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

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BEFORE ME the undersigned perso	onally appeared <u>Robert A. W</u>	aldman		,	
a general partner of Mallard Diver	sified, L.P.	, a (an <u>)</u>	Illinois		
limited partnership, hereinafter refe	rred to as the "Partnership", v	who certifies as follows	3:		
1. The amount of capital contributi	ons of the limited partners is	\$ <u>10.00</u> .		-	
2. The anticipated amount of the cap	pital contributions of the limi	ited partners that are all	located for the purp	poses of	
transacting business in Florida is	\$ <u>10.00</u> .				
Under the penalties of perjury I, be	ing duly sworn, declare that I	I have read the foregoin	ng and know the co	ontents thei	reof and
that the facts stated herein are true	and correct.				
This <u>4th</u> day of <u>April</u>	, <u>02</u>	2 artner		02 APR 12	FILED SECRETARY OF TALLAHASSEE, F
-	oldings, Inc. Rober A. Waldm			2	STATE
STATE OF Texas	· · .				>
COUNTY OF Dallas					
On this 4th	day of _April		<u>, 02</u>	- ?	
Robert A. Waldman		, personally app	eared before me,		
🕅 who is personally known to me					
whose identity I proved on the	basis of				
(Notary Public Signature) <u>SE Garcia</u> S. L. Br (Notary's Printed Name)			S L BRATTON Notary Public State of Texa My Commission B September 25,2	s xoires	
Seal	My Commission Expires:	9-25-04	-		