

CT CORPORATION

3026000000129

CORPORATION(S) NAME

1) CMS Carrollwood Partners, L.P.

000005290840--7
-04/18/02--01002--008
****135.81 ****135.81

000005290840--7
-04/18/02--01002--007
*****35.00 *****35.00

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input 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 type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| | BK | |
| <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 | | |

RECEIVED
02 APR 17 PM 2:08
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

4/17/02

Order#: 5278566

Ref#: _____

Amount: \$ _____

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02 APR 17 PM 4:52
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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

File Sign
LP-170.81

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

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

1. CMS Carrollwood Partners, 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. Delaware

(State of Formation)

4. February 5, 2002

(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

(City)

, Florida 33324

(Zip Code)

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

C T Corporation System

Korri A. Behler

(Agent must sign on this date)

KORRI A. BEHLER

Special Assistant Secretary

8. c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 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

CMS Entrepreneurial IV Associates, L.P.

c/o CMS Affiliated Partnerships

One Bala Plaza, Suite 412

Bala Cynwyd, PA 19004

10. c/o CMS Affiliated Partnerships, One Bala Plaza, Suite 412, Bala Cynwyd, PA 19004

(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. c/o CMS Affiliated Partnerships, One Bala Plaza, Suite 412, Bala Cynwyd, PA 19004

(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 15th day of April, 20 02

John S. Green
John S. Green, Vice President
General Partner

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

On this 15th day of April, 20 02

John S. Green personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Raechel Frances Kology
(Notary Public Signature)

Raechel Frances Kology
(Notary's Printed Name)

Seal

My Commission Expires: _____

NOTARIAL SEAL
RAEHEL F. KOLOGY, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Feb. 23, 2004

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SECRETARY OF STATE
PHILADELPHIA, FLORIDA


AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared CMS Entrepreneurial IV Associates, L.P.
a general partner of CMS Carrollwood Partners, L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 19,402.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 19,402.

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 15th day of April, 20 02.



General Partner
John S. Green, Vice President

STATE OF PENNSYLVANIA

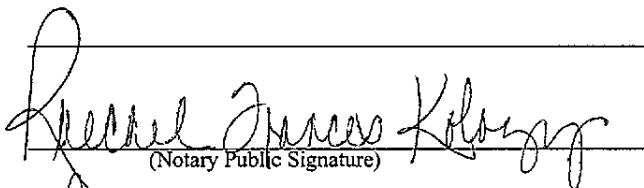
COUNTY OF PHILADELPHIA

On this 15th day of April, 20 02,

John S. Green, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)
Rachel Frances Kology
(Notary's Printed Name)

Seal

My Commission Expires:

NOTARIAL SEAL
RAEHEL F. KOLOGY, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Feb. 23, 2004

FILED
02 APR 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA