CT CORPORATION

## BOZD DOCCO229

Decade 80-VII, a Limited Part	tnership				
		**************************************			
		<u> </u>			
		<del></del>			-
		9.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
			No.	2	
			P22		亳
			<u> </u>		25
			55	-2	品美
			r o	PH	
***			<del></del>		τ.
() Profit	() Amendment	() Merger	<u> </u>	ហ	
() Nonprofit	()2 Mildirem 2011	()1:101801	Qr.	J , 7, 1	
(X) Foreign	() Dissolution/Withdrawal	() Mark		_	
., 3	() Reinstatement	•	718	******	
(X) Limited Partnership	() Annual Report	() Other	02 JUL -	2	
() LLC	() Name Registration	() Change of RA		$\bigcap$	
•	() Fictitious Name	() UCC			
() Certified Copy	() Photocopies	(X) CUS	22	4	
.,	· · · · · · · · · · · · · · · · · · ·		-2 AH III: 16	< ∏	
() Call When Ready	() Call If Problem	() After 4:30		Same of the same o	
(x) Walk In	() Will Wait	(x) Pick Up	© 5		-
() Mail Out			- <del></del>		
~~	7 <b>19</b> 10 9		_		
Name	7/2/02	Order#: 5460690		¬	
Availability		300008 -07/0	2/020104	3.3-  50	na
Document		<b>独寂寞</b> 17	750.00 **	*175(	0.00
Examiner		Ref#:		-	
Updater		300005	15689	13-	4
Verifier		-07./0;	2/1020104	15U	13
W.P. Verifier		Amount: \$ ******	<sup>9</sup> 45.(5 ***	港港市4	ງ. (ວັ

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 DECADE 80-VII, A LIMITED PARTNERSHIP	
(Name of limited partnership as it is in the home state)	ger to the state of the
2. N/A (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florid must contain the word "LIMITED" or "LTD.")	a;
3. WISCONSIN 4. 7/23/1985 (Date of Formation) (Date of Formation)	· = ==
5. NAPLES-LAWDOCK, INC. (Name of Registered Agent for Service of Process)	
6. 4501 TAMIAMI TRAIL NORTH, SUITE 300 (Street Address of Registered Office)	= · · · · · · · · · · · · · · · · · · ·
NAPLES Florida 34103-3060 (City) (Zip Code)	- <u>- 1</u>
7. Acceptance by the Registered Agent for Service of Process:  NAPLES-LAWDOCK, INC.  By: Xusan . Xapınski  (Agent must sign on this line) Asst. Secretary	ARPROYEU  ARPAND FILED  102 JUL -2 PM
8 250 NORTH PATRICK BOULEVARD, SUITE 140, BROOKFIELD, WI 53045-5864	STATE
(Address of registered office required in state of formation or, if not required, address of principal office.)  9. NAMES OF GENERAL PARTNERS  STREET ADDRESS  PEGER PROPERTY DESCRIPTION OF THE PROPE	
DECADE 80, INC., 250 NORTH PATRICK BOULEVARD, SUITE 140, BROOKFIELD, WI 53045-5864  JEFFREY KEIERLEBER, 250 NORTH PATRICK BOULEVARD, SUITE 140, BROOKFIELD, WI 53045-586	5 <b>4</b> . **
	77 Table 1 (1881)
10 250 NORTH PATRICK BOULEVARD, SHITE 140 BROOKFIELD WI 53045-5964	

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.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

· · · ·		Mailing Address (	of Limited Partners	hin)			
	,	-			41		
Under penalties of pe and that the facts star	erjury I, being duly ted herein are true a	sworn, declare thand correct.	at I have read the	oregoing and kno	w the contents th	leteo1	
		$\cap$					
Signed this 28	day of		INE				
	JEFFREY KEIERLI GENERAL PARTNEI		UALLY AND AS P	RESIDENT OF D	ECADE 80, INC	2.,	
By:	<del></del>	Gener	al Partner		·		29.
arrian an wico	ang thi	)	W. X				
STATE OF WISC	NISNC						
COUNTY OF WAU	ŒSHA						
COUNTY OF	<u> </u>	<del></del>	<del></del>	- 1			÷
On this _ 😅	28 day of _	JUNE	2002				
On this	x 5 uay 01		, •, •, •		** ** ** ** ** ** ** ** ** ** ** ** **		
JEFFREY KEIERI	EBER			nersonally an	peared before me	€.	
							31
who is personally	known to me	s of					278827 - 179
	known to me	s of				O	
who is personally	known to me	s of				O2 JU SECR	
who is personally	known to me	m 20e.	Tho			02 JUL =	
who is personally	known to me	s of	Rignature) Too			02 JUL -2 F	
who is personally	known to me	(Notery Public S				02 JUL -2 PM   SECREJARY OF S    TALLAHASSEE, FL	
who is personally whose identity I	known to me	m 20e.		- :		JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	
who is personally whose identity I	known to me	(Notery Public S				JUL-2 PM I	
who is personally whose identity I	known to me proved on the basis	(Notary Public S				JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	
who is personally whose identity I	known to me	(Notary Public S	Noss f Name)	- :		JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	
who is personally whose identity I	known to me proved on the basis	(Notary Public S	Noss f Name)	- :		JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	
who is personally whose identity I	known to me proved on the basis	(Notary Public S	Noss f Name)			JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	
who is personally	known to me proved on the basis	(Notary Public S	Noss f Name)			JUL -2 PM 1: TRETARY OF ST AHASSEE, FLO	

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

JEFFREY KEIERLEBER, INDIVIDUALLY AND AS  PRESIDENT OF DECADE 80, INC., GENERAL PARTNERS
BEFORE ME the undersigned personally appeared PRESIDENT OF DECADE 80, INC., GENERAL PARTNERS
a general partner ofDECADE 80-VII, A LIMITED PARTNERSHIP, a (an), a (an), a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 1,300,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 1,215,900
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 28 day of JUNE, 2002
JEFFREY MEIDRLEBER, INDIVIDUALLY AND AS PRESIDENT OF DECADE 80, INC., GENERAL PARTNERS
_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
General Partner
STATE OF WISCONSIN
COUNTY OF WAUKESHA
Contribution of JUNE 2002 Per O
On this day of JUNE, 2002, PC
JEFFREY KEIERLEBER , personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
Notary Public Signature)
(Notary Public Signature)
THOSE THOSE
MARY ELEN  (Notary (Printed Name)  MARY ELEN  THOSS  A  MARY ELEN  THOSS  A  THOSS
My Complission Expires: 6/8/0 3