

CT CORPORATION

CORPORATION(S) NAME

BF Greensboro, LP

~~400006278324-2~~

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL -9 PM 2:08

FILED

Name	Name
Availability	Availability
Document	Document
Examiner	Examiner
Updater	DCC
Verifier	DCC
W.P. Verifier	
Manager	DCC
Manager	
acknowledgement	660 East Je
Verifier	Tallahassee, Fla. 32302

7/9/02

Order#: 5427484

Ref#:

Amount: \$

TAX

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A CCH LEGAL INFORMATION SERVICES COMPANY

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4 pages

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

1. BF Greensboro, LP
(Name of limited partnership as it is in the home state)

2. BF Greensboro, Ltd.
(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 4. June 19, 2002
(State of Formation) (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, Florida 33324
(City) (Zip Code)

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

C T Corporation System

Barbara A. Burke
(Agent must sign on this line)

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

8. Corporation Trust Center

1209 Orange Street, Wilmington, DE
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Burley L. Moss 4500 Cameron Valley Pkwy, Ste. 200 Charlotte, NC 28211

10. 4500 Cameron Valley Parkway, Suite 200 Charlotte, NC 28211
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. 4500 Cameron Valley Parkway, Suite 200 Charlotte, NC 28211

(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 25 day of June, 2002

Bruce J. Moss
General Partner

STATE OF North Carolina

COUNTY OF Mecklenburg

On this 25 day of June, 2002

Bruce J. Moss personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL -9 PM 2:08

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Jan B. Taylor
(Notary Public Signature)

Jan B. Taylor
(Notary's Printed Name)

Seal

My Commission Expires: 5-11-2005

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME the undersigned personally appeared Burley L. Moss
a general partner of BF Greensboro, LP, 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 \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200,000.00.

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 25 day of June, 2002.


General Partner

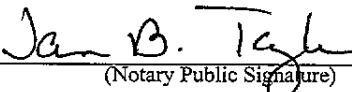
STATE OF North Carolina
COUNTY OF Mecklenburg

On this 25 day of June, 2002,

Burley L. Moss, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Jan B. Taylor
(Notary's Printed Name)

Seal

My Commission Expires: 5-11-2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA