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匆	equestor's Name)
(A	ddress)	
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(C	ity/State/Zip/Phon	e#)
		MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	



10/24/02-01052-007 **1750.00

11/05/02--01007--013 **35.00.





October 25, 2002

ANTHONY SCIME 1408 N. WESTSHORE BLVD., SUITE 611 TAMPA, FL 33607

SUBJECT: ADHIA ARBITRAGE FUND, L.P. Ref. Number: W02000030794

We have received your document for ADHIA ARBITRAGE FUND, L.P. and check(s) totaling \$1750.00 of which \$1750.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

LIMITED PÁRTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy (15 pages or less, \$1 for each additional page after initial 15 pages)	\$52.50	12 YOV -5 K SECTENARY C TWILAHASSEE,
Registered Agent/Office Change Name Reservation	_\$35	FIL MASSE
(120 days nonrenewable) Amendment	\$35	FILED 5 M SSEE, FL
(other than specified)	\$52.50 \$52.50	D 13 ¹ 8: 3.0 FLORIDA
Affidavit Decreasing Contributions Affidavit Increasing Contributions \$7 per \$1000 on increase only (\$52.50 minimum-\$1750 maximum)	\$52.50	الرتيني المحطر
Certificate of Status or Fact Cancellation Resignation of Registered Agent	\$8.75 \$52.50 \$87.50	

LP Annual Report/Uniform Business Report \$7 per \$1000 of invested capital (\$52.50 minimum - \$437.50 maximum) plus Supplemental Fee of \$138.75 Reinstatement (\$500 for each year or part thereof the partnership was revoked plus the delinquent annual report/uniform business report fees) On the affidavit you must list an exact amount.,

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 602A00058945

02 NOV -5 114 FILED 8:30



October 17, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Enclosed please find the completed *Application by Foreign Limited Partnership for Authorization to Transact Business in Florida* and a check in the amount of \$1750. The form is being filed to register Adhia Arbitrage Fund, LP in Florida.

Please address the acknowledgement to:

Attn: Anthony Scime Adhia Investment Advisors, Inc. 1408 N. Westshore Blvd. Suite 611 Tampa, FL 33607

Should you have any questions regarding this form, please contact me directly. I can be reached at 813-289-8400 ext. 15.

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Sincerely

Anthony Scime

Adhia Investment Advisors, Inc. 1408 North Westshore Boulevard, Suite 611, Tampa, FL 33607 Tel: 813.289.8440 Fax: 813.289.8849



October 30, 2002

Attn: Tammi Cline Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RESUBMITION *Ref. Number: W02000030794*

Tammi Cline:

Enclosed please find the completed *Application by Foreign Limited Partnership for Authorization To Transact Business in Florida* and a check in the amount of \$1750. The form is being filed to register Adhia Arbitrage Fund, LP in Florida.

- You aliendy true this on peneing file

Also enclosed is a check in the amount of \$35 for the Registered Agent Designation.

Please address the acknowledgement to:

Attn: Anthony Scime Adhia Investment Advisors, Inc. 1408 N. Westshore Blvd. Suite 611 Tampa, FL 33607

Should you have any questions regarding this form, please contact me directly. I can be reached at 813-289-8400 ext. 15.

Sincerely, Anthony Scime

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Adhia Investment Advisors, Inc. 1408 North Westshore Boulevard, Suite 611, Tampa, FL 33607 Tel: 813.289.8440 Fax: 813.289.8849

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

Achitrage Fund L.P. (Name of limited partnership as it is in the home state) 1. Hdhia trbitage (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.") -<u>**2**</u> (Date of Formation) elaware (State of Formation) (Name of Registered Agent for Service of Process) Westshore Blvd - Suite (Street Address of Registered Office) -611 33607 lamo Florida (City) 7. Acceptance by the Registered Agent for Service of Process: gent must sign on this line) L.P. c./o registered Agents Legal Services, LLI Arbitrage Fund Adhia 8._ (Address of registered office required in state of formation or, if not required, address of principal office.) STREET ADDRESS 9. NAMES OF GENERAL PARTNERS 1408 N. Westshore Blud. Suite 611 Adhia Investmen sors Inc 33607 Tampa, FL $\widetilde{\sim}$ Westshore Bivo 1408 10. Adhia Inves Inc 33 lam visors na (Office where Names, Addresses and Contributions of Limited Partners are kept.) æ 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

1408 N. Westshace Blud Suite 611 12. ----33<u>607</u> FI ampa (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. Signed this 17th day of OCH 2002 Hellese Partier Acordent Advisors, In General Partner ADHIA Drivestment Advisors, In STATE OF Florida _____ COUNTY OF Hill sborough On this 17th day of October 2002 Hitesh (John) Adhia. _____, personally appeared before me, who is personally known to me whose identity I proved on the basis of_ 2. lotary Public Signature) 2 NOV -5 14 8:31 My Commission Expires: 10/26/2002 Seal HASSEE, FLOF **FILED** SANDIP I. PATEL MY COMMISSION # CC 786247 EXPIRES: October 26, 2002____ Bonded Thru Notary Public Underwritera

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared <u>Hitesh</u> <u>P. Adhia</u> <u>President</u> <u>Adhia</u> <u>Truestment</u> <u>Adi</u> a general partner of <u>Adhia</u> <u>Arbitaage</u> <u>Fund</u>, <u>L. P.</u>, <u>a</u> (an) <u>Delaware</u> limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 5500000 50, 000, 000

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.

day of Octol Signed this Admins ADHIP Surchmon STATE OF Florida COUNTY OF Hill sbarough 17+4 _____day of ___ CH On this Adhia Hitch (John) personally appeared before me, who is personally known to me _ whose identity I proved on the basis of ز عد **IDIP** SANDIP I. PATEL MY COMMISSION # CC 786247 EXPIRES: October 28, 2002 Bonded Thru Notary Public Underwriters My Commission Expires: 10/26/2002 Seal