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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

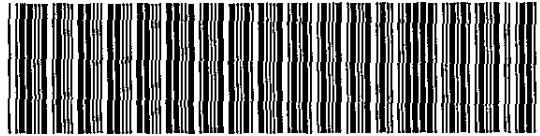
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DIVISION OF CREATION

FILED

CT CORPORATION

January 8, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5760216 SO
Customer Reference 1: 28364-32
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Wentwood Properties, L.P. (TX)
Registration
Florida

Please FILE SECOND.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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. Wentwood Properties, 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. Texas 4. December 5, 1997
(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

Howard L. Volz Howard L. Volz, Asst Secy
(Agent must sign on this line)

8. _____

402 South Live Oak Street, Lampasas, Texas 76550
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Wentwood MCO GP, Inc. 402 South Live Oak Street, Lampasas, Texas 76550

10. 402 South Live Oak Street, Lampasas, Texas 76550
(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

FILED
03 JAN -8 PM 4:09

12. _____

402 South Live Oak Street, Lampasas, Texas 76550

(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 20th day of December, 2002.

J. Sutton Turner
Wentwood MCO GP, Inc.

General Partner

STATE OF Texas

COUNTY OF Lampasas

On this 20th day of December, 2002

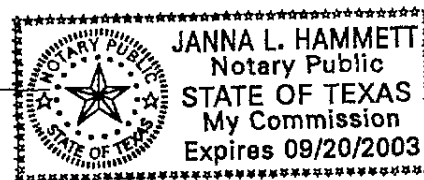
J. Sutton Turner personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Janna L. Hammett
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____

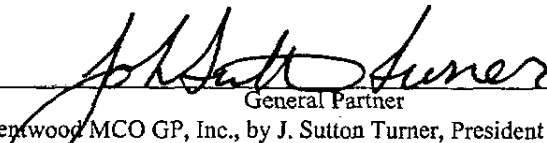
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared J. Sutton Turner, President of Wentwood MCO GP, Inc.,
a general partner of Wentwood Properties, L.P., a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.

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.

This 20th day of December, 2002.



General Partner
Wentwood MCO GP, Inc., by J. Sutton Turner, President

STATE OF Texas


COUNTY OF Lampasas

On this 20th day of December, 2002,

J. Sutton Turner, personally appeared before me,

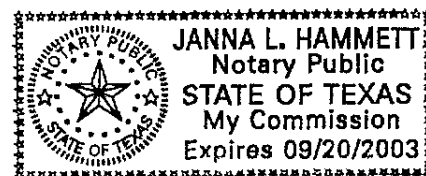
☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: