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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 174600 4327236

AUTHORIZATION :

COST LIMIT : \$ *Patricia Pigato*

ORDER DATE : July 18, 2003

ORDER TIME : 9:33 AM

ORDER NO. : 174600-005

CUSTOMER NO: 4327236

CUSTOMER: Jacqueline M. Quinn  
Gardner Carton & Douglas  
Suite 3700  
191 North Wacker Drive  
Chicago, IL 60606-1698

FOREIGN FILINGS

NAME: GOLDEN TALON FUND, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER: \_\_\_\_\_

03 JUL 22 PM 4:01  
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TALLAHASSEE  
FLORIDA

*140.00*  
*787.50*

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

FILED  
JUL 22 PM 1:01  
TALLAHASSEE, FLORIDA

1. GOLDEN TALON FUND, 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. July 7, 2003

(Date of Formation)

5. Thomas Suplee

(Name of Registered Agent for Service of Process)

62 N. Tamiami Trail, Suite 1200

(Street Address of Registered Office)

Sarasota

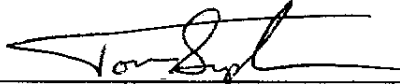
(City)

Florida 3423X6

(Zip Code)

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

By: X



(Agent must sign on this line)

8. 2711 Centerville Road, Suite 400

Wilmington, Delaware 19808

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Raptor Fund Management, L.L.C.

# 2 N. Tamiami Trail, Suite 1200

SARASOTA, FL 34236

L030000022878

10. Same as #9

(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

122 N. TAMiami TRAIL, SUITE 1200

SARASOTA, FL 34236

(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 14<sup>th</sup> day of July, 2003

Raptor Fund Management, L.L.C.

By: X [Signature]  
General Partner

STATE OF Illinois

COUNTY OF Cook

On this 17<sup>th</sup> day of July, 2003

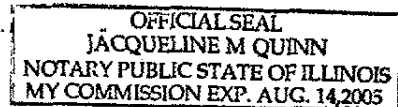
Tom Suplee, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Jacqueline M. Quinn  
(Notary Public Signature)

Jacqueline M. Quinn  
(Notary's Printed Name)



Seal \_\_\_\_\_ My Commission Expires: August 14, 2005

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03 JUL 22 PM 4:01  
STATE  
ILLINOIS, FLORIDA

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

BEFORE ME the undersigned personally appeared Thomas Suplee  
a general partner of Golden Talon Fund, 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 \$ 100,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100,000.

*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.*

Signed this 14<sup>th</sup> day of July, 2003.

Raptor Fund Management, L.L.C.

By: X Thomas Suplee  
General Partner

STATE OF Illinois

COUNTY OF Cook

On this 17<sup>th</sup> day of July, 2003,

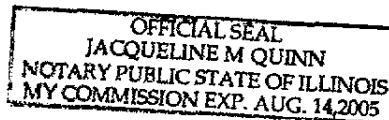
Thomas Suplee, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Jacqueline M. Quinn  
(Notary Public Signature)

Jacqueline M. Quinn  
(Notary's Printed Name)



Seal My Commission Expires: 08/14/05