

B03 000000274

Grant Alward

(Requestor's Name)

529 broad Ave South

(Address)

(Address)

Naples, FL 34102

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

Bulltrapper Partners LP

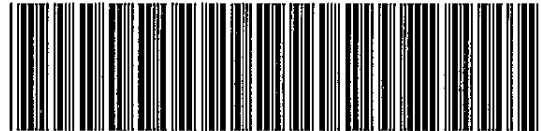
(Business Entity Name)

(Document Number)

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DESIGNATION STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG -7 PM 12:15

B03-274  
CR

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

1. Bulltrapper Partners LP  
(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 4. 3/1/03  
(State of Formation) (Date of Formation)

5. Grant Alward as agent of South Florida Asset Mng.  
(Name of Registered Agent for Service of Process)

6. 529 broad Ave South - ~~Naples~~  
(Street Address of Registered Office)

Naples, Florida 34102  
(City) (Zip Code)

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

Grant P. Alward  
(Agent must sign on this line)

8. 529 broad Ave South Naples, Fl. 34102  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Grant Alward 529 broad Ave South Naples  
34102

10. 529 broad Ave South Naples  
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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03 AUG -7 PM 2:15  
34102

12. 529 Broad Ave South  
Naples, FL. 34102  
(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 4 day of August, 2003  
Grant P. Alward  
General Partner

STATE OF Florida

COUNTY OF Collier

On this 7<sup>th</sup> day of August, 2003

\_\_\_\_\_, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Florida Drivers License

Judy Sadler  
(Notary Public Signature)  
Judy Sadler  
(Notary's Printed Name)

Seal

My Commission Expires: 1-26-06



Judy Sadler  
MY COMMISSION # DD127124 EXPIRES  
January 26, 2006  
BONDED THRU TROY FAIR INSURANCE, INC.

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

BEFORE ME the undersigned personally appeared \_\_\_\_\_  
a general partner of \_\_\_\_\_, 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 \$ 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 \$ 0.

*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 4 day of August, 2003.

Grant P. Alward  
General Partner

STATE OF Florida  
COUNTY OF Leon

On this Seventh day of August, 2003,

Grant P. Alward, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Florida Drivers License

Judy Sadler  
(Notary Public Signature)

Judy Sadler  
(Notary's Printed Name)

Seal My Commission Expires: 1-26-06



Judy Sadler  
MY COMMISSION # DD127124 EXPIRES  
January 26, 2006  
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