

1303000000337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

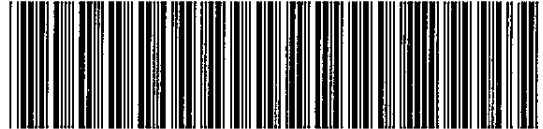
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT -8 AM 8:47
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

CT CORPORATION

October 8, 2003

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

FILED
03 OCT -8 AM 8:47
STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5944539 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

AVNM GENERAL, L.P. (DE)
Registration
Florida

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

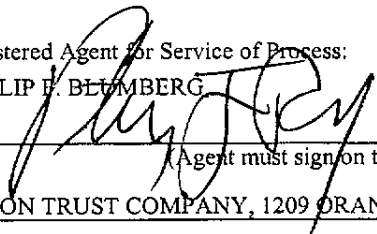
If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@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. AVNM GENERAL, 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 4. SEPTEMBER 10, 2003
(State of Formation) (Date of Formation)
5. PHILIP F. BLUMBERG
(Name of Registered Agent for Service of Process)
6. 255 ALHAMBRA CIRCLE, SUITE 1100
(Street Address of Registered Office)
- CORAL GABLES, Florida 33134-7400
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
PHILIP F. BLUMBERG
By: 
(Agent must sign on this line)
8. c/o THE CORPORATION TRUST COMPANY, 1209 ORANGE STREET, WILMINGTON,
COUNTY OF NEW CASTLE, DELAWARE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|--|
| <u>PHILIP F. BLUMBERG</u> | <u>255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400</u> |
| _____ | _____ |
| _____ | _____ |
10. 255 ALHAMBRA CIRCLE, SUITE 1100, CORAL GABLES, FLORIDA 33134-7400
(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

12. 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400

(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 26th day of September, 2003

Philip F. Blumberg
General Partner

STATE OF Florida

COUNTY OF Miami-Dade

On this 26th day of September, 2003

Philip F. Blumberg, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

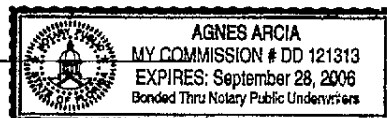
(Notary Public Signature)

Agnes Arcia

(Notary's Printed Name)

Seal

My Commission Expires: _____



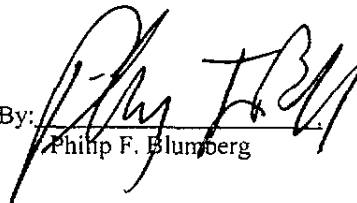
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared, Philip F. Blumberg, the sole member of AVNM General, LLC, a Delaware Limited Liability Company and the general partner of AVNM General, L.P. Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 297,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 297,000.00

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.

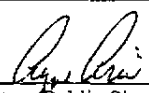
Signed this 3rd day of October, 2003.

By: 
Philip F. Blumberg

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

On this 3rd day of October, 2003, Philip F. Blumberg, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of



(Notary Public Signature)

Agnes Arcia

(Notary's Printed Name)

Seal

My Commission Expires: _____

