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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

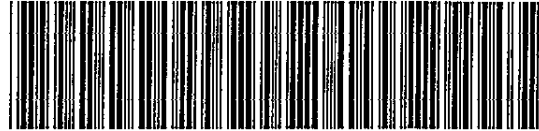
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. BRYAN MAR - 1 2004

Cover Letter

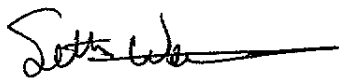
Contact: Seth Weinstein  
561-988-6320

Please address acknowledgement to:

Crescent City Capital Advisors, L.L.C.  
2700 N. Military Trail Suite 150  
Boca Raton, FL 33431

Please find enclosed the required forms and a check for \$1750.00 for the fee and an additional \$35.00 for the designation of a registered agent for a total of \$1785.00.

Thank you,

A handwritten signature in black ink, appearing to read "Seth Weinstein", followed by a horizontal line.

Seth Weinstein

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

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1. Crescent City Balanced 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 4. ~~December~~ January 6, 2004  
(State of Formation) (Date of Formation)
5. Seth Weinstein  
(Name of Registered Agent for Service of Process)
6. 2700 N. Military Trail, Suite 150  
(Street Address of Registered Office)
- Boca Raton Florida 33431  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Seth Weinstein  
(Agent must sign on this line)
8. 2700 N. Military Trail, Suite 150, Boca Raton, FL 33431  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
Crescent City Capital Advisors LLC 2700 N. Military Trail, Suite 150, Boca Raton, FL 33431  
#L03000035409
10. 2700 N. Military Trail, Suite 150, Boca Raton, FL 33431  
(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. 2700 N. Military Trail, Suite 150, Boca Raton, FL 33431

(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 17 day of February, 2004

Seth Weinstein, managing member of Crescent City Capital Advisors LLC.  
Seth Weinstein General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 17<sup>th</sup> day of February, 2004

Seth Weinstein, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FLDL

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Karen L Schofield  
(Notary Public Signature)

Karen L Schofield  
(Notary's Printed Name)



My Commission Expires: 1-24-07

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

BEFORE ME the undersigned personally appeared Seth Weinstein  
a general partner of Crescent City Balanced Fund LP, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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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 \$ 900,000,000.00.

*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 17 day of February, 2004.

Seth Weinstein, Managing member of Crescent City Capital Advisors, LLC.  
General Partner

STATE OF Florida  
COUNTY OF Palm Beach

On this 17<sup>th</sup> day of February, 2004,

Seth Weinstein, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL DL

Karen L Schofield  
(Notary Public Signature)

Karen L Schofield  
(Notary's Printed Name)

My Commission Expires: 1-24-07

