

304000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

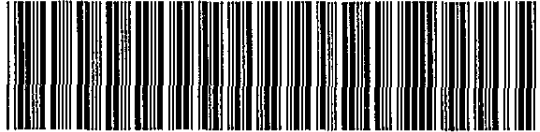
(Business Entity Name)

(Document Number)

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02/16/04--01003--001 \*\*87.50

RECEIVED  
04 FEB 13 PM 3:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 MAR 10 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BH

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4<sup>TH</sup> FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip)

(Phone #)

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04 MAR 10 AM 8:18  
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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Grey Horse Partners, L.P.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐

Walk in

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Pick up time

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Certified Copy

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Will wait

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Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Application by Foreign Limited

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 16, 2004

SPIEGEL & UTRERA

TALLAHASSEE, FL

SUBJECT: GREY HORSE PARTNERS, L.P.  
Ref. Number: W04000006590

RECEIVED  
04 MAR 10 PM 2:43  
DIVISION OF CORPORATIONS  
MAR 10 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GREY HORSE PARTNERS, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

Before this limited partnership can be filed, its general partner -- GREY HORSE MANAGEMENT, LLC -- must be qualified in Florida.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 504A00010483

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

1. GREY HORSE PARTNERS, 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. November 6, 2003  
(State of Formation) (Date of Formation)
5. Spiegel & Utrera, P.A.  
(Name of Registered Agent for Service of Process)
6. 1840 Southwest 22 Street, 4th Floor  
(Street Address of Registered Office)
- Miami Florida 33145  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Spiegel & Utrera, P.A.  
By: [Signature] Natalia Utrera, Vice-President  
(Agent must sign on this line)
8. 1270 North Orange Avenue, Suite C, Winter Park, Florida 32789  
(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>Grey Horse Management, LLC</u> | <u>204 000000 925</u> |
|                                   |                       |
|                                   |                       |
10. 1270 North Orange Avenue, Suite C, Winter Park, Florida 32789  
(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. 1270 North Orange Avenue, Suite C, Winter Park, Florida 32789

(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 11th day of February, 2004

Grey Horse Management, LLC

By: Albert E. Butler

Operating Manager

General Partner

STATE OF Texas

COUNTY OF Harris

On this 11 day of February, 2004

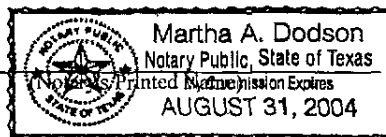
ALBERT E BUTLER

, personally appeared before me,

☒ who is personally known to me

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

Martha A. Dodson  
(Notary Public Signature)



Seal

My Commission Expires: \_\_\_\_\_

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

BEFORE ME the undersigned personally appeared Gray Horse Management LLC,  
a general partner of GREY HORSE PARTNERS, 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 \$ 989.99.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1000.00.

*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 17th day of February, 2004

Grey Horse Management, LLC

By: *Albert E. Butler*

General Partner

Operating Manager

STATE OF Texas

COUNTY OF HARRIS

On this 17th day of February, 2004,

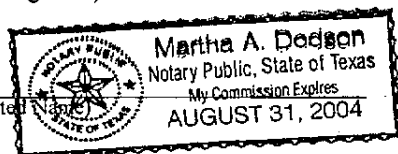
Albert E. Butler, personally appeared before me,

☒ who is personally known to me

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

*Martha A. Dodson*  
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_