

B04000000308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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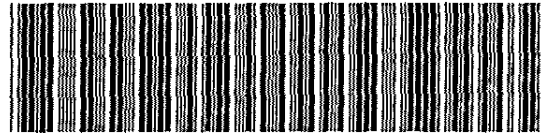
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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HIRST

INVESTMENT MANAGEMENT INC.

July 6, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

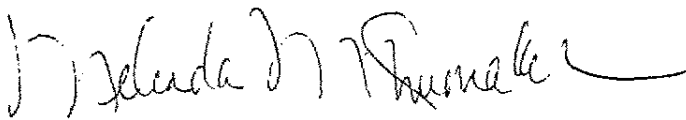
RE: Registration of an out-of-state Limited Partnership

Please find enclosed a check and complete form for each of the following Limited Partnerships:

Hirst MetaStrategy Fund LP
Hirst MetaStrategy Institutional Fund LP
Hirst Chimera Fund LP
Global Asset Fund LP

If you have any questions, please contact me at (407) 805-0800 or by email,
Melinda@hirst.net

Regards,



Melinda M. Shumaker
COO

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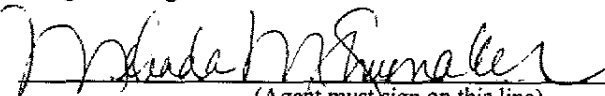
Acknowledgments to this address 2

100 COLONIAL CENTER PARKWAY, SUITE 140 • LAKE MARY, FLORIDA 32746

TEL 1 407 805 0800 • FAX 1 407 805 0850

EMAIL hirst@hirst.net

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

1. GLOBAL ASSET FUND 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. JUNE 26, 2001
(State of Formation) (Date of Formation)
5. MELINDA M. SHUMAKER
(Name of Registered Agent for Service of Process)
6. 100 COLONIAL CENTER PKWY, STE 140
(Street Address of Registered Office)
- LAKE MARY FLORIDA 32746
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 1201 ORANGE ST, STE 600, WILMINGTON, NEW CASTLE COUNTY, DE 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
- HIRST INVESTMENT MANAGEMENT INC. 56400Z
- 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746
10. 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746
(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.

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CONTINUED

12. 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746

(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 6TH day of JULY 2004

FBO GP BY IT'S COO

General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 6TH day of JULY 2004

MELINDA M. SHUMAKER

, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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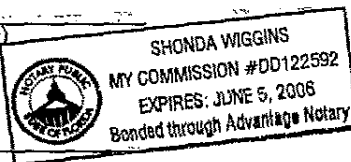
Shonda Wiggins
(Notary Public Signature)

SHONDA WIGGINS

(Notary's Printed Name)

Seal

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MELINDA SHUMAKER, COO of
a general partner of GLOBAL ASSET FUND LP, 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 \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00.

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 6TH day of JULY, 2004.

FRD IT'S GP BY COO Melinda Shumaker
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 6TH day of JULY, 2004

MELINDA M. SHUMAKER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

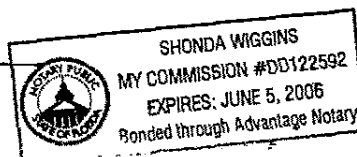
Shonda Wiggins
(Notary Public Signature)

SHONDA WIGGINS

(Notary's Printed Name)

Seal

My Commission Expires: _____



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