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FOREIGN LIMITED PARTNERSHIP

CRTP OP LP

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FAX AUDIT NO. H04000150190

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

| (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. MARCH 29, 2004 (State of Formation) 5. WILLIAM J. WEDGE (Name of Registered Agent for Service of Process) 6. 225 NE MIZNER BLVD., SUITE 200 (Street Address of Registered Office) BOCA RATON Florida 7. Acceptance by the Registered Agent for Service of Process: Agent must sign in this time) (Agent must sign in this time) (Address of registered office required in state of formation or, if not required, address of principal office) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| DELAWARE MARCH 29, 2004 (State of Formation) WILLIAM J. WEDGE (Name of Registered Agent for Service of Process) (Street Address of Registered Office) BOCA RATON (City) T. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) | |
| DELAWARE MARCH 29, 2004 (State of Formation) WILLIAM J. WEDGE (Name of Registered Agent for Service of Process) (Street Address of Registered Office) BOCA RATON (City) T. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) | |
| (State of Formation) WILLIAM J. WEDGE (Name of Registered Agent fin Service of Process) 225 NE MIZNER BLVD., SUITE 200 (Street Address of Registered Office) BOCA RATON Florida (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) (Agent must sign in this line) | |
| (State of Formation) WILLIAM J. WEDGE (Name of Registered Agent for Service of Process) (Name of Registered Agent for Service of Process) (Street Address of Registered Office) BOCA RATON (City) (City) (Agent must sign in this line) (Agent must sign in this line) (Agent must sign in this line) | |
| (Name of Registered Agent für Service of Process) 6. 225 NE MIZNER BLVD., SUITE 200 (Street Address of Registered Office) BOCA RATON Florida (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) (Agent must sign in this line) | |
| 6. 225 NE MIZNER BLVD., SUITE 200 (Street Address of Registered Office) BOCA RATON (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) (Agent must sign in this line) | |
| (Street Address of Registered Office) BOCA RATON Florida (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) (Agent must sign in this line) | |
| BOCA RATON (City) (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign in this line) (Agent must sign in this line) (Best North Street, Dover, Delaware 19901 | |
| 7. Acceptance by the Registered Agent for Service of Process: (City) (Zip Cods) (Zip Cods) (Agent must sign in this line) (Agent must sign in this line) (Best North Street, Dover, Delaware 19901 | |
| 7. Acceptance by the Registered Agent for Service of Process: Agent must sign in this line) 8. 15 East North Street, Dover, Delaware 19901 | |
| 7. Acceptance by the Registered Agent for Service of Process: Agent must sign in this line) 8. 15 East North Street, Dover, Delaware 19901 | |
| 7. Acceptance by the Registered Agent for Service of Process: Agent must sign in this line) Agent must sign in this line) Bast North Street, Dover, Delaware 19901 | |
| Agent must sign in this line) 8. 15 East North Street, Dover, Delaware 19901 | 394 |
| 8. 15 East North Street, Dover, Delaware 19901 | *** |
| 8 15 East North Street, Dover, Delaware 19901 | S. State of Section 1 |
| | . g |
| | ř |
| (Address of registered office required in state of formation or, if not required, address of principal office.) | |
| 9. Names of general partners street address | |
| CRTP GP LLC 225 NE MIZNER BLVD., SUITE 200 | |
| 7 mod - 2877 BOCA RATON, FL 33432 | |
| | |
| | |
| 10. 225 NE MIZNER BLVD., SUITE 200, BOCA RATON, FL 33432 | |

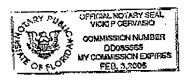
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

CONTINUED

FAX AUDIT NO. B04000150190

| 12. 226 NE MIZNER BLVD., SUITE 200, BOCA RATON, F | FL 33432 | · |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|
| (Mailing Address of Limited Partnershi | ip) | - |
| Under penalties of perjury I, being duly sworn, declare that I have read the for and that the facts stated herein are true and correct. | regoing and know the contents ther | cof |
| Signed this 20th day of JULY | 2004 | - |
| CRIP GP LLC, General Partner By: William J. Wedge General Partner Vice P | resident | |
| STATE OF FLORIDA | | |
| COUNTY OF_ PALM BEACH | | |
| On thisday of _JULY | . | |
| WILLIAM J. WEDGE, VICE PRESIDENT OF THE GP | _, personally appeared before me, | |
| 🖸 who is personally known to me | | |
| whose identity I proved on the basis of | Ā | 일 우 |
| | AHAS | 1 JUL 21 |
| Vicki P. Cerraoio | ASSEE, | ٠ # |
| Vicke P. Cawacoo (Notary Public Signature) | | 8 8 H9 |
| VICKI K CENVOSID (Notary's Printed Name) | | es and a second |
| Scal My Commission Expires: 2/3/06 | | |



D085565 MY COMMISSION EXPIRES FEB. 3,2006

FAX AUDIT NO. B04000150190

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| BEFORE ME the undersigned personally appea | 11-27 | | | - | |
|-----------------------------------------------------|------------------------------|---------------------------------------|-------------|---------------|------------|
| a general partner of CRTP OP LP | | , a (m.) | | | |
| limited partnership, hereinafter referred to as the | e "Paxinorship", who certi | fies as follows: | | | |
| 1. The amount of capital contributions of the li- | mited partners is \$ 100.0 | 00 <u>.0</u> 00 | | | |
| 2. The anticipated amount of the capital contrib | outions of the limited parts | ers that are allocated for the purpos | es of | | |
| transacting business in Florida is \$50,000 | .000, | | | | |
| Under the penalties of perjury I, being duly swi | orn, declare that I have re | ad the foregoing and know the cont | mis thereoj | fand | |
| that the facts stated herein are true and correct | | | | | |
| Signed this day of | , 2004 | | e e | | |
| _ | · • | | | | |
| <i></i> | Ciele | | ÷ | | |
| | General Pariner | | - | | |
| STATE OF Florida | u k prose | | TAI | 0 | |
| COUNTY OF Palm Beach | | ·- | LAI | <u>ا</u> | |
| | y of _July | 2004 | HAS | 1.2 | # 3 # 3 |
| | | | SEE | AM | 3 |
| William J. Wedge | | personally appeared before me, | | <u>⊸</u> ⊗ | |
| 571 | | | 8 | 4 | 1 |
| who is personally known to me | | | | 9 | |
| whose identity I proved on the basis of | , | | | | |
| | | | V | | |
| (Notary Public Signature) | ow_ | | | | |
| VinV: Prorva | .510 | | | | |
| (Notary's Printed Name) | | · | | | |
| Scal My Commission Expires: | 13/010 | ** ** | | | |
| OFFICE OFFICE VICIO P CERVASIO | _ | | | | |

FAX AUDIT NO. H04000150190 The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRIP OF LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2004.



3783346 8300 040520439

Warriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3236597

DATE: 07-15-04

FAX AUDIT NO. H04000150190