B040000319

Stacy A D. Dunn
(Requestor's Name)

SAK Property Management, Inc
(Address)

150 Alhambra Cir, Ste. 800
(Address)

Coral Gables, FL 33134
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FF #1785

700036907277

07/06/04--01042--018 **1872.50

FILED
04 JUL 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/22/04

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

1. AKTIVA Verwaltungs GmbH & Co. Dritte Vermoegensanlage KG
(Name of limited partnership as it is in the home state)

2. AKTIVA Verwaltungs GmbH & Co. Dritte Vermoegensanlage, Ltd.
(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. Federal Republic of Germany (State of Formation) 4. November 26, 2002 (Date of Formation)

5. S&K Property Management, Inc,
(Name of Registered Agent for Service of Process)

6. 150 Alhambra Circle, Suite 800
(Street Address of Registered Office)

Coral Gables (City), Florida 33134 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Lidia Cartava, Lidia Cartava
(Agent must sign on this line)

8. Feldbergstrasse 38

D-60323 Frankfurt am Main
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

AKTIVA Verwaltungs GmbH Corporation F04-4755

Feldbergstrasse 38

D-60323 Frankfurt am Main

FILED
04 JUL 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. c/o S&R Property Management, Inc. 150 Alhambra Circle, Suite 800
(Office where Names, Addresses and Contributions of Limited Partners are kept.) Coral Gables 33134

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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. c/o S&K Property Management, Inc. 150 Alhambra Circle, Suite 800

Coral Gables, FL 33134

(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 29th day of June, 2004.

Lidia Cartaya, ~~General Partner~~ Manager

STATE OF Florida

COUNTY OF Dade

On this 29th day of June, 2004

Lidia Cartaya, General Manager of AKTIVA Verwaltungs GmbH, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Alina Villar
(Notary Public Signature)

Alina Villar
(Notary's Printed Name)

Seal

My Commission Expires: _____

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
ALINA VILLAR
COMMISSION NUMBER
DD007182
MY COMMISSION EXPIRES
MAR. 8,2005

FILED
04 JUL 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Lidia Cartaya, General Manager a general partner of AKTIVA Verwaltungs Gmbh & Co., a (an) German Dritte Vermoegensanlage, Ltd. limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 700,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $700,000.00

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 29th day of June, 2004.

Lidia Cartaya, Lidia Cartaya
General Partner
Manager

STATE OF Florida

COUNTY OF Dade

On this 29th day of June, 2004,

Lidia Cartaya, General Manager of AKTIVA Verwaltungs GmbH, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED
04 JUL 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alina Villar
(Notary Public Signature)

Alina Villar
(Notary's Printed Name)

Seal My Commission Expires: _____

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
ALINA VILLAR
COMMISSION NUMBER
DD007162
MY COMMISSION EXPIRES
MAR. 8,2005