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(City/State/Zip/Phone #)

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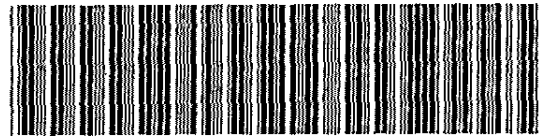
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HIRST

INVESTMENT MANAGEMENT INC.

August 4, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: REGISTRATION OF FOREIGN LIMITED PARTNERSHIP

Dear Sirs:

Enclosed you will find the signed and notarized Application By Foreign Limited Partnership to transact Business in Florida along with a check for the application fee in the amount of \$87.50.

The contact person is: Shira McKinlay
100 Colonial Center Parkway
Suite 140
Lake Mary, Florida 32746
407-805-0800

If you have any questions, please don't hesitate to contact us.

Sincerely,

Shira McKinlay

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 10, 2004

SHIRA MCKINLAY
1000 COLONIAL CENTER PARKWAY, STE 140
LAKE MARK, FL 32746

SUBJECT: ALPINE CAPITAL LP
Ref. Number: W04000030502

We have received your document for ALPINE CAPITAL LP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 004A00049610

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

1. Alpine Capital 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 4, 2004
(State of Formation) (Date of Formation)

5. Shira McKinlay
(Name of Registered Agent for Service of Process)

6. 100 Colonial Center Parkway, Suite 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. Suite 600 Wilmington, 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 Fund Management LLC 100 Colonial Center Parkway Ste 140

MOY000000942

Lake Mary, FL 32746

10. 100 Colonial Center Parkway, 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.

CONTINUED

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12. 100 Colonial Center Parkway, Suite 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 4th day of August, 2004

[Signature]
General Partner

STATE OF Florida

COUNTY OF Seminole

On this 4th day of August, 2004

Shira McKinlay

, personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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[Signature: Shonda Wiggins]
(Notary Public Signature)

Shonda Wiggins

(Notary's Printed Name)

SHONDA WIGGINS

MY COMMISSION #00122592

EXPIRES: JUNE 5, 2006

Bonded through Advantage Notary

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Shira McKinlay, VP of the Managing Member of
a general partner of Alpine Capital 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 \$ 1000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

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 4th day of August, 2004



General Partner

STATE OF Florida

COUNTY OF Seminole

On this 4th day of August, 2004

Shira McKinlay

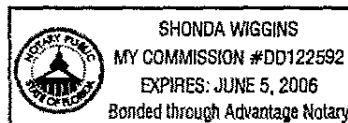
, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Shonda Wiggins

(Notary's Printed Name)



Seal

My Commission Expires: _____

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