

B040000000386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

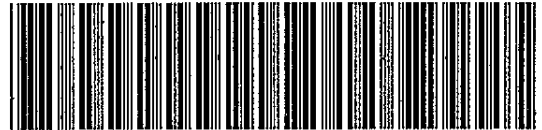
W04-30992

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300040050363

08/12/04--01073--001 **52.50

08/26/04--01001--005 **35.00

W04/01/e

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DIVISION OF CORPORATIONS
04 AUG 31 PM 12:30

6p



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 13, 2004

HIRST INVESTMENT MANAGEMENT
100 COLONIAL CENTER PKWY, SUITE 140
LAKE MARY, FL 32746

SUBJECT: HIRST CHIMERA INSTITUTIONAL FUND LP
Ref. Number: W04000030992

We have received your document for HIRST CHIMERA INSTITUTIONAL FUND LP and check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 104A00050271

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HIRST

INVESTMENT MANAGEMENT INC.

August 23, 2004
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs,

Enclosed please find checks for the balances due for the filing fees for the following out-of-state limited partnerships:

VIRTUOSO FUND T, LP

VIRTUOSO FUND AL, LP

VIRTUOSO FUND AC, LP

HIRST CHIMERA INSTITUTIONAL FUND LP

If there are any questions, please call.

Sincerely,



Sarah Baker
Hirst Investment Management

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

1. HIRST CHIMERA INSTITUTIONAL 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. 7/27/2004
(State of Formation) (Date of Formation)
5. HIRST INVESTMENT MGMT INC 564002
(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:

Melinda Sumaker - COO of GP
(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. 564002
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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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 10TH day of AUGUST, 2004

Melinda Shumaker
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 10TH day of AUGUST, 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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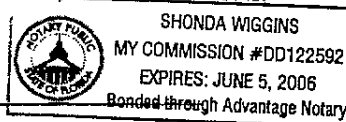
Shonda Wiggins
(Notary Public Signature)

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 GP
a general partner of HIRST CHIMERA INSTITUTIONAL FUN, 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 \$ 1000.

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 10TH day of AUGUST, 2004.


General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 10TH day of AUGUST, 2004

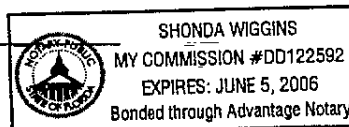
MELINDA M. SHUMAKER, personally appeared before me,

☒ 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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