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FOREIGN LIMITED PARTNERSHIP

CEEBRAID WEST COAST GP LIMITED PARTNERSHIP

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

1. CEEBRAID WEST COAST GP LIMITED PARTNERSHIP
(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 (State of Formation) 4. September 14, 2004 (Date of Formation)

5. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee (City) Florida 32301 (Zip Code)

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

Cynthia L. Harris
(Agent must sign on this line)

Cynthia L. Harris as its agent

8. 2711 Centerville Road, Suite 400

Wilmington, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

CEEBRAID WEST COAST CORPORATION

250 S. Australian Avenue, Suite 1003

West Palm Beach, FL 33401

10. 250 S. Australian Avenue, Suite 1003, W. Palm Beach, FL 33401
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

12. 250 S. Australian Avenue, Suite 1003

West Palm Beach, FL 33401

(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 24th day of September, 2004

(General Partner)

STATE OF Florida

COUNTY OF Palm Beach

On this 24th day of September 2004

Adam Schlesinger, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of

(Notary Public Signature)

Dorothy J. Hitt

(Notary's Printed Name)

Seal My Commission Expires: 11-15-05

DOROTHY J HITT
MY COMMISSION # DD 072111
EXPIRES: November 15, 2005
Bonded Thru Notary Public Underwriters

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2004 SEP 27 A 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Adam Schlesinger, President of Ceebraid West Coast GP Limited Partnership a general partner of _____, 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 $ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 990.00.

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 24th day of September, 2004.

_____
General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 24th day of September, 2004,

Adam Schlesinger, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

_____
(Notary Public Signature)

Dorothy J. Hitt
(Notary's Printed Name)

Seal My Commission Expires: 11-15-05

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MY COMMISSION # DD 072111
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