

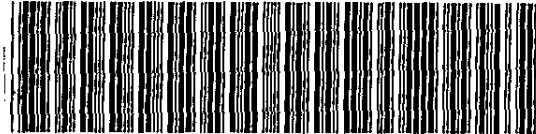
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00789-00611-00651-00071

(Requestor's Name)

FROM: (PLEASE PRINT)

PHONE 407.805-0800



HIRST INVESTMENT MANAGEMENT
100 COLONIAL CENTER PKWY.
LAKE MARY FL 32746-4767
USA

100041534401

10/04/04--01001--003 **87.50

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

04 OCT -4 AM 10:42

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

1. HIRST ACCESS 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

(State of Formation)

4. 9/17/04

(Date of Formation)

5. HIRST INVESTMENT MGMT INC

(Name of Registered Agent for Service of Process)

6. 100 COLONIAL CENTER PKWY, STE 140

(Street Address of Registered Office)

LAKE MARY

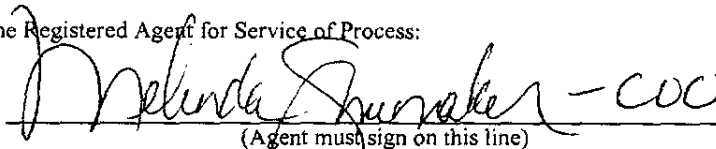
(City)

Florida

32746

(Zip Code)

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

 - COO
(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.

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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04 OCT -4 AM 10:42
TALLAHASSEE, FLORIDA

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 29TH day of SEPTEMBER, 2004

Melinda Shumaker - COO
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 29TH day of SEPTEMBER, 2004

MELINDA M. SHUMAKER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

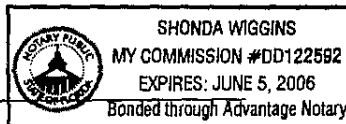
Shonda Wiggins
(Notary Public Signature)

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

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 SEPTEMBER, 2004.



General Partner

STATE OF FLORIDA
COUNTY OF SEMINOLE

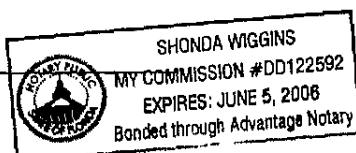
On this 29TH day of SEPTEMBER, 2004,

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: _____