

BOS000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____

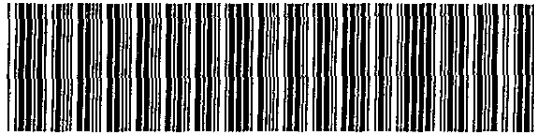
Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: High Street Partners, LP
(Name of Limited Partnership)

The enclosed "Application by Foreign Limited Partnership for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign limited partnership to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John Bartoletta
(Name of Person)

High Street Partners, LP
(Firm/Company)

100 Tampa Oaks Boulevard, Suite 405
(Address)

Tampa, FL 33637
(City/State and Zip Code)

For further information concerning this matter, please call:

John Bartoletta at (813) 910-2500
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Enclosed is a check for the following amount:

☒ \$735.00 Filing Fee

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

1. High Street Partners, L. P.
(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 15, 2001
(State of Formation) (Date of Formation)
5. John Bartoletta
(Name of Registered Agent for Service of Process)
6. 100 Tampa Oaks Boulevard, Suite 405
(Street Address of Registered Office)
- Tampa Florida 33637
(City) (Zip Code)

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



(Agent must sign on this line)

8. 100 Tampa Oaks Boulevard, Suite 405
Tampa, FL 33637
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

High Street Capital Management, LLC

MO9-725

100 Tampa Oaks Boulevard, Suite 405, Tampa, FL 33637

10. 100 Tampa Oaks Boulevard, Suite 405, Tampa, FL 33637
(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 Tampa Oaks Boulevard, Suite 405, Tampa, FL 33637

(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 14th day of January, 2005

[Signature]
General Partner Authorized Signatory

STATE OF Florida

COUNTY OF Hillsborough

On this 14th day of January, 2005

John Bartoletta, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Racheal Cook
(Notary's Printed Name)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Seal

My Commission Expires: May 22, 2005



Racheal Cook
Commission # DD 027674
Expires May 22, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared John Bartoletta Authorized Signatory of High Street Capital Management, LLC
a general partner of High Street Partners, 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 \$ 100,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ _____.

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 14th day of January, 2005.



General Partner Authorized Signatory

STATE OF Florida

COUNTY OF Hillsborough

On this 14th day of January, 2005,

John Bartoletta, personally appeared before me

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



(Notary Public Signature)

Racheal Cook

(Notary's Printed Name)

Seal

My Commission Expires: May 22, 2005



Racheal Cook
Commission # DD 027674
Expires May 22, 2005
Bonded Third
Atlantic Bonding Co., Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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