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2005 MAR 28 P 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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03/30/05--01010--017 \*\*35.00



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**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2005

MELINDA M. SHUMAKER  
GLOBAL ASSET INSTITUTIONAL FUND LP  
100 COLONIAL CENTER PKWY STE 140  
LAKE MARY, FL 32746

SUBJECT: GLOBAL ASSET INSTITUTIONAL FUND LP  
Ref. Number: W05000013737

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

There is a balance due of \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 005A00018128

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

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1. GLOBAL ASSET INSTITUTIONAL FUND LP

(Name of limited partnership as it is in the home state)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. 11/8/2004

(Date of Formation)

5. HIRST INVESTMENT MANAGEMENT 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:

*Melinda Sumaker - 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.

864002

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

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

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BEFORE ME the undersigned personally appeared MELINDA SHUMAKER, COO of GP  
a general partner of GLOBAL ASSET INSTIT FUND LP, a (an) DELAWARE <sup>2005</sup> MAR 28 P 3:34  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 2ND day of MARCH, 2005

Melinda Shumaker  
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 2ND day of MARCH, 2005

MELINDA M. SHUMAKER, personally appeared before me,

☒ who is personally known to me

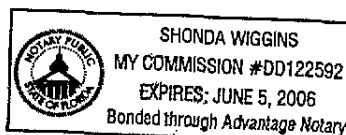
☐ whose identity I proved on the basis of \_\_\_\_\_

Shonda Wiggins  
(Notary Public Signature)

SHONDA WIGGINS

(Notary's Printed Name)

Seal My Commission Expires: \_\_\_\_\_



12. 100 COLONIAL CENTER PKWY, STE 140, LAKE MARY, FL 32746

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(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 2ND day of MARCH, 2005

Melinda M. Shumaker - COO  
General Partner

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this 2ND day of MARCH, 2005

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: \_\_\_\_\_

