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PICK-UP	WAIT	MAIL
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OS APR 29 MID St SECRETARY OF STATE



ACCOUNT NO. : 07210000032

REFERENCE

: 3<u>4</u>3859

80457A

OSMA ON THE PROPERTY OF THE PR

AUTHORIZATION

COST LIMIT \$ 1785.00

ORDER DATE: April 28, 2005

ORDER TIME : 9:39 AM

ORDER NO. : 343859-005

CUSTOMER NO: 80457A

CUSTOMER: Cathy Hames
Black, Sims, Burnett And

3rd Floor

501 North Grandview Avenue Daytona Beach, FL 32118

FOREIGN FILINGS

NAME:

WHITE RIVER INVESTMENT LIMITED

PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 2, 2005

AMANDA HADDAN CSC TALLAHASSEE, FL

SUBJECT: WHITE RIVER INVESTMENT LIMITED PARTNERSHIP

Ref. Number: W05000021974



We have received your document for WHITE RIVER INVESTMENT LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1785.00. However, the document has not been filed and is being returned for the following:

Before this LP can be filed, its two general partners -- CEN ROCK, LLC and SECONDARY INVESTMENTS, LLC -- must be qualified in Florida.

Please return your document, along with 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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 405A00030914

RESUBMIT

District of Compactions, D.O. DOV 6997 Wellshooms, Florida 99914

APPLICATION BY FO	OREIGN LIMITED PARTNERSHIP FOR A
AUTHORIZATION IV	O TRANSACT BUSINESS IN FLURIDA MA
	PARTNERSHIP FOR OTRANSACT BUSINESS IN FLORIDA PARTNERSHIP ited partnership as it is in the home state)
WHITE RIVER INVESTMENT LIMITED F	PARTNERSHIP
(Name of lim	ited partnership as it is in the home state)
	64
name is unavailable, name under which the must conti	e limited partnership proposes to register or transact business in Florida; 7 ain the word "LIMITED" or "LTD.")
NEVADA	4 DECEMBER 7, 1993
(State of Formation)	(Date of Formation)
RANDOM R. BURNETT	
(Name of Re	gistered Agent for Service of Process)
501 N. Grandview Avenue, 3rd Flo	or East et Address of Registered Office)
(300)	or Address of Registered Office)
aytona Beach	, Florida 32118-
(City)	(Zip Code)
	2
Acceptance by the Registered Agent for Se	ryite of Process:
	Miller
Ву:	
	Agent must sign on this fine)
6441 Kietzke Lane, 2nd Floor	
eno, NV 89511	
(Address of registered office required in	n state of formation or, if not required, address of principal office.)
NAMES OF GENERAL PARTNERS	STREET ADDRESS
1710500002436	STREET ADDRESS
	TO THE CONTRACT OF THE STATE AND COLOR
il kock, ble oth rice	or, 2300 W. Sahara Ave. Las Vegas, NV 89102
agondour Transferent 110 or -1	0200 11 0 10 10 10 10 10 10 10 10 10 10 10
	or, 2300 W. Sahara Ave., Las Vegas, NV 89102
MU5000 00 24 34	

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.

[2.1801 West I	nternational Speedway Blvd. Daytona Beach,	FL 32114-1243
	(Mailing Address of Limited Partners	ship)
	perjury I, being duly sworn, declare that I have read the tated herein are true and correct.	foregoing and know the contents thereof
Signed this 27t	h day of	, 2005
	Geperal Partner	
STATE OF Flo	rida	
COUNTY OF Volu	usia	
On this		
Random R. Burr	nett	, personally appeared before me,
who is personal	ly known to me	
whose identity	I proved on the basis of	
	(Notary Public Signature)	Catherine Hames MY COMMISSION # D0060037 EXPIRE: September 24, 2005
	Catherine Hames (Notary's Printed Name)	BONDED THRU TROY FAIN INSURANCE, INC.
Seal	My Commission Expires: Sept. 24, 2005	_

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	Random R. Burnett
a general partner of White River Investment 1	Limited Partnershir, a (an) Nevada
limited partnership, hereinafter referred to as the "Pa	rtnership", who certifies as follows:
1. The amount of capital contributions of the limited	l partners is \$ 250,000.00 .
2. The anticipated amount of the capital contribution	ns of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 250,000.00	.•
Under the penalties of perjury I, being duly sworn, a	leclare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.	
Signed this _27th day ofApril	General Partner
STATE OF Florida COUNTY OF Volusia	
On this 27th day of	April 2005
Random R. Burnett	, personally appeared before me,
who is personally known to me	
whose identity I proved on the basis of	
(Notary Public Signature) Catherine Hames	Catherine Hames MY COMMISSION # DD860037 EXPIRES September 24, 2005 BONDED THRU TROY FAIN INSURANCE, INC.
(Notary's Printed Name)	

My Commission Expires: 9/24/2005

Seal