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DIVISION OF CORPORATION

FOREIGN LIMITED PARTNERSHIP

Apolline Investment Management L.P.

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J. BRYAN SEP 29 2005

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

1. APOLLINE INVESTMENT MANAGEMENT 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. April 6, 2004
(State of Formation) (Date of Formation)
5. C T Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
By: Connie Ryan, Special Asst. Secretary
(Agent must sign on this line)
8. The Corporation Trust Company, Corporation Trust Center, 1209 Orange street, Wilmington, 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 |
|---|--|
| <u>#M05000005395</u>
Apolline Asset Management LLC | <u>2875 N.E. 191 Street, Suite 904</u> |
| | <u>Aventura, FL 33180</u> |
10. c/o Franco Asset Management, L.P., 2875 N.E. 191 Street, Suite 904, Aventura, FL 33180
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

FILED
2005 SEP 28 AM 9:41
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

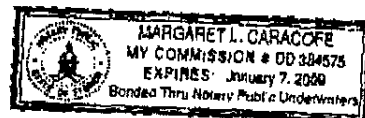
12. 2875 N.E. 191 Street, Suite 904, Aventura, FL 33180

(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 31st day of August, 2005
General Partner Dustin Le, Manager of General PartnerSTATE OF FLORIDACOUNTY OF BROWARDOn this 31st day of August, 2005Dustin Le, personally appeared before me,☐ who is personally known to me☒ whose identity I proved on the basis of FLORIDA DRIVERS LICENSE
(Notary Public Signature)Margaret L. Caracofe
(Notary's Printed Name)

Seal

My Commission Expires: 11/7/09FILED
2005 SEP 28 AM 9:41
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Apolline Asset Management LLC
a general partner of Apolline Investment Management L.P., 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 \$ 60,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 60,000.

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 17th day of September, 2005.



General Partner
Dustin Le, Mgr. of Apolline Asset Management LLC, Gen. Partner

STATE OF Florida

COUNTY OF Broward

On this 17th day of September, 2005.

Dustin Le, Manager of General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Margaret L Caracofe

(Notary's Printed Name)



Seal My Commission Expires: 1/7/09

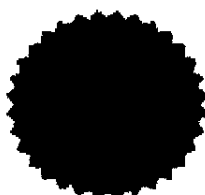
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOLLINE INVESTMENT MANAGEMENT L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3786783 8300

AUTHENTICATION: 4159214

050758032

DATE: 09-15-05