

05000000425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800060154918

10/03/05--01047--020 **140.00

FILED
2005 OCT -3 AM 8:35
TALLAHASSEE, FLORIDA

W05-46140
J. BYRNE OCT 4 2005

J. BYRNE OCT 7 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSLAND LIMITED Limited Partnership
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathleen Hardman

(Name of Person)

Crosland, Inc.

(Firm/Company)

227 W. Trade St., Suite 800

(Address)

Charlotte, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathleen Hardman

(Name of Person)

at (704) 561-5263

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

FILED
2005 OCT -3 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. Crosland Olmsted Limited Partnership
(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.")

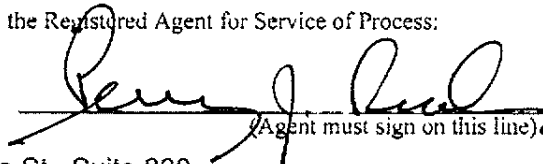
3. North Carolina 4. 12/17/1990
(State of Formation) (Date of Formation)

5. Perry J. Reader
(Name of Registered Agent for Service of Process)

6. 5850 T.G. Lee Blvd., Suite 200
(Street Address of Registered Office)

Orlando, _____, Florida 32822
(City) (Zip Code)

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


(Agent must sign on this line)

8. 227 W. Trade St., Suite 800
Charlotte, NC 28202
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

#F05000005781
Crosland Investors, Inc., its General Partner, 227 W. Trade St., Suite 800, Charlotte, NC 28202

10. 227 W. Trade St., Suite 800, Charlotte, NC 28202
(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 OCT -3 AM 8:35
JULIA H. HARRIS, CLERK
TALLAHASSEE, FLORIDA

12. 227 W. Trade St., Suite 800, Charlotte, NC 28202

(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 27th day of September, 2005

Cathleen Hardman

General Partner

STATE OF North Carolina

COUNTY OF Mecklenburg

On this 27th day of September, 2005

Cathleen Hardman, Vice President of Crosland Investors, Inc., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

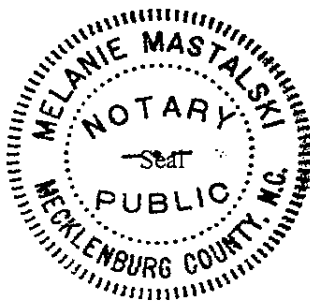
FILED
2005 OCT -3 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Melanie Mastalski
(Notary Public Signature)

Melanie Mastalski

(Notary's Printed Name)

My Commission Expires: May 30, 2007



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Cathleen Hardman, Vice President of Crosland Investors, Inc., a general partner of Crosland Olmsted Limited Partnership, a (an) North Carolina limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.⁰⁰.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.⁰⁰.

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 27th day of September, 2005.


General Partner

FILED
2005 OCT -3 AM 8:35
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE OF North Carolina

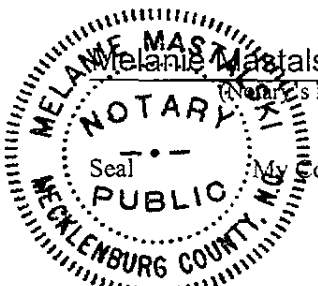
COUNTY OF Mecklenburg

On this 27th day of September, 2005,

Cathleen Hardman, personally appeared before me,

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


(Notary Public Signature)



Melanie Mastalski
(Notary's Printed Name)

My Commission Expires: May 30, 2007