

BOS000000471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

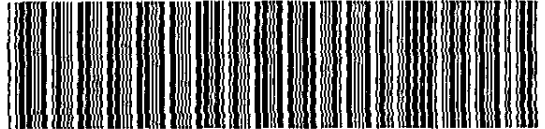
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LERA

Leslie E. Robertson Associates, R.L.L.P.
Consulting Structural Engineers

30 Broad Street, 17th Floor
New York, NY 10004-2304

Tel: (212) 750-9000
Fax: (212) 750-9002
<http://www.lera.com>

Patrick Ivan
pi@lera.com

October 26, 2005
File: G-Genéral

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via FedEx:

Application to Transact Business in Florida

Dear Sir/Madam:

Enclosed please find the following material in connection with the above referenced matter:

1. Cover Letter
2. Completed Application by Foreign Limited Partnership for Authorization to Transact Business in Florida.
3. Affidavit of Capital Contributions for a Foreign Limited Partnership.
4. Check in the amount of \$140.00 to cover for the Application Fee and a Certified Copy of the Certificate.

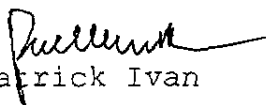
Please process our application at your earliest convenience and send us the Certified Copy of the Certificate at the above listed address.

Should you have any questions or require additional information, do not hesitate to contact me.

Thank you for your anticipated cooperation and prompt response in this matter.

Very truly yours,

LESLIE E. ROBERTSON ASSOCIATES, R.L.L.P.


Patrick Ivan

PI/pi
Enclosures
EAC, CYC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LESLIE E. ROBERTSON ASSOCIATES, R.L.L.P.
(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:

PATRICK IVAN
(Name of Person)

LESLIE E. ROBERTSON ASSOCIATES
(Firm/Company)

30 BROAD STREET, 20th Floor
(Address)

NEW YORK, NY 10004
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK IVAN at (212) 750 9000
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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*Let per
Patrick
10-28-05*

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

1. LESLIE E. ROBERTSON ASSOCIATES, R.L.L.P., Ltd.
(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. NEW YORK (State of Formation) 4. NOVEMBER 22, 1994 (Date of Formation)

5. BUSINESS FILINGS INCORPORATED
(Name of Registered Agent for Service of Process)

6. 1203 GOVERNORS SQUARE BOULEVARD, SUITE 101
(Street Address of Registered Office)

TALLAHASSEE (City), Florida 32301-2960 (Zip Code)

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

Mark Schiff
Mark Schiff, AVP of business filings, Incorporated
(Agent must sign on this line)

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TALLAHASSEE, FLORIDA

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8. 30 BROAD STREET, 47TH FLOOR, NEW YORK, NY 10004
(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>SAW-TEEN SEE</u>	<u>30 Broad Street, 47th Floor, New York, NY 10004</u>
<u>WILLIAM J. FASCHAN</u>	<u>30 Broad Street, 47th Floor, New York, NY 10004</u>
<u>DANIEL A. SESIL</u>	<u>30 Broad Street, 47th Floor, New York, NY 10004</u>
<u>RICHARD ZOTTOLA</u>	<u>30 Broad Street, 47th Floor, New York, NY 10004</u>

10. LESLIE E. ROBERTSON ASSOCIATES, 30 Broad Street, 47th Floor, New York, NY 10004
(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.

12. LESLIE E. ROBERTSON ASSOCIATES, R.L.L.P, 30 Broad Street,
47th Floor, New York, NY 10004
(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 25TH day of OCTOBER, 2005.

SAW TEEN SEE
General Partner

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 25TH day of October, 2005.

SAW-TEEN SEE, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Elaine A. Castellano
(Notary Public Signature)

ELAINE A. CASTELLANO
(Notary's Printed Name)

ELAINE A. CASTELLANO
Notary Public, State of New York
No. 01CA5648390
Qualified in New York County
Commission Expires April 30, 2008

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TALLAHASSEE, FLORIDA

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Seal My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared SAW-TEEN SEE,
a general partner of LESLIE E. ROBERTSON ASSOCIATES, a
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
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.

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 25TH day of October, 2005.

Saw Teen See
General Partner

STATE OF NEW YORK
COUNTY OF NEW YORK

On this 25TH day of October, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SAW-TEEN SEE, personally appeared before me,

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

Elaine A. Castellano
(Notary Public Signature)

ELAINE A. CASTELLANO
(Notary's Printed Name)

ELAINE A. CASTELLANO
Notary Public, State of New York
No. 01CA5848390
Qualified in New York County
Commission Expires April 30, 2006

Seal My Commission Expires: _____