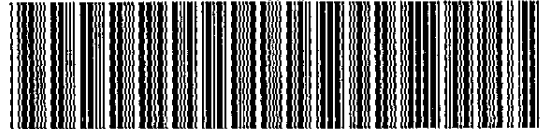


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2005 NOV -8 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000058564710

11/08/05--01012--011 **3640.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Quarter Funds LP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quarter Funds, L.P.
(Name of Foreign Limited Partnership)

FILED
2005 NOV -8 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Michael D. Sefton

(Name of Person)

Henderson & Lyman

(Firm/Company)

175 West Jackson Boulevard, Suite 240

(Address)

Chicago, Illinois 60604

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Sefton

(Name of Person)

at (312) 986-6960

(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

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

FILED

2005 NOV -8 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Quarter Funds, 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. Illinois 4. January 28, 1997
(State of Formation) (Date of Formation)

5. William Huber
(Name of Registered Agent for Service of Process)

6. 7960 Grand Bay Drive
(Street Address of Registered Office)

Naples, Florida 34108
(City) (Zip Code)

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

(Agent must sign on this line)

8. 175 West Jackson Boulevard, Suite 240
Chicago, Illinois 60604
(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>Hubadex, Inc.</u>	<u>332 West Marion, Suite S-1</u>
	<u>Forsyth, Illinois 62535</u>

10. 332 West Marion, Suite S-1, Forsyth, Illinois 62535
(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

12. 332 West Marion, Suite S-1

Forsyth, Illinois 62535

(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 2ND day of NOVEMBER, 2005

William G. Huber
General Partner

STATE OF FLORIDA

COUNTY OF COLLIER

On this 2ND day of NOVEMBER, 2005

William Huber, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Richard A. Schaeffer
(Notary Public Signature)

RICHARD A. SCHAEFFER
(Notary's Printed Name)



RICHARD A. SCHAEFFER
MY COMMISSION # DD 322962
EXPIRES: August 4, 2008
Bonded Thru Budget Notary Services

Seal

My Commission Expires: 8/4/08

FILED

2005 NOV -8 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

FILED

BEFORE ME the undersigned personally appeared William Huber, President of Hubadex, Inc. ^{2005 NOV -8 P 2:18}
a general partner of Quarter Funds, L.P., a (an) Illinois ^{SECRETARY OF STATE}
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: ^{TALLAHASSEE, FLORIDA}

1. The amount of capital contributions of the limited partners is \$ 2,985,659.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,492,829.50.

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 NOVEMBER, 2005.

William G. Huber
General Partner

STATE OF FLORIDA
COUNTY OF COLLIER

On this 2ND day of NOVEMBER, 2005,

_____, personally appeared before me,

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

Richard A. Schaeffer
(Notary Public Signature)

RICHARD A. SCHAEFFER
(Notary's Printed Name)

Seal

My Commission Expires: 8/4/08



RICHARD A. SCHAEFFER
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