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SECRETARY OF STATE
TALLAHASSEE, FL 32399



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Croft Investments Limited Partnership
(Name of Foreign Limited Partnership)

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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:

Linda Coviello

(Name of Person)

Croft Investments Limited Partnership

(Firm/Company)

21218 St. Andrews Blvd., #417

(Address)

Boca Raton, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Coviello

(Name of Person)

at (561) 241-9921 x 19

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Croft Investments 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. Delaware
(State of Formation)

4. 1/7/2002
(Date of Formation)

5. Linda Coriello
(Name of Registered Agent for Service of Process)

6. 21218 St. Andrews Blvd., #417
(Street Address of Registered Office)

Boca Raton
(City)

Florida

33433
(Zip Code)

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

Linda Coriello
(Agent must sign on this line)

8. Corporation Service Company

2711 Centerville Rd., Suite 400, Wilmington, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Andora Holdings, Inc.

1900 NW Corporate Blvd.

Suite 305-W

Boca Raton, FL 33431

10. 1900 NW Corporate Blvd., #305-W, Boca Raton, FL 33431
(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. 21218 St. Andrews Blvd., #417

Boca Raton, FL 33433

(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 4th day of November, 2005

[Signature]
as Pres. of General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 4th day of November, 2005

Milton A. Barbarosh personally appeared before me,

☒ who is personally known to me

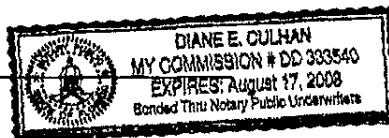
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Diane E Culhan
(Notary's Printed Name)

Seal

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Milton H. Barbarosh **FILED**
the general partner of Croft Investments Limited Partnership Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.00.

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 4th day of November, 2005.

Milton H. Barbarosh
General Partner

STATE OF Florida
COUNTY OF Palm Beach

On this 4th day of November, 2005.

Milton H. Barbarosh, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Diane E. Culhan
(Notary Public Signature)

Diane E. Culhan
(Notary's Printed Name)



Seal

My Commission Expires: _____