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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

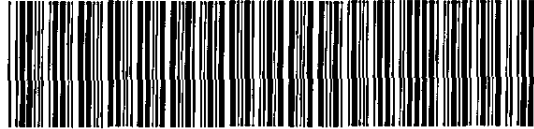
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FILED  
05 NOV 28 PM 11:05  
DIVISION OF REVENUE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

November 28, 2005

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

**FILED**  
05 NOV 28 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6507452 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Alummi Partners I, L.P. (DE)  
Registration  
Florida

w/ Good Standing Certificate & Certified Copy

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Manager Fulfill Ctr  
Connie.Bryan@wolterskluwer.com

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960  
Tel. 850 222 1092  
Fax 850 222 7515

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alumni Partners I, L.P.  
(Name of Foreign Limited Partnership)

**FILED**  
05 NOV 28 PM 3:21  
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:

Peter W. Fink, Esq.

(Name of Person)

Lynch, Brewer, Hoffman & Fink, LLP

(Firm/Company)

101 Federal Street, Floor 22

(Address)

Boston, Massachusetts 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter W. Fink, Esq.

(Name of Person)

at ( 617 ) 951-0800

(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**

1. Alumni Partners I, 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.")

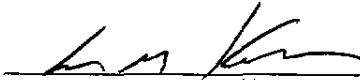
3. Delaware 4. November 20, 2001  
(State of Formation) (Date of Formation)

5. Eric M. Kobren  
(Name of Registered Agent for Service of Process)

6. 595 Bay Isles Road, Suite 120G  
(Street Address of Registered Office)

Longboat Key, Florida 34228  
(City) (Zip Code)

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

  
Eric M. Kobren (Agent must sign on this line)

8. 595 Bay Isles Road, Suite 120G  
Longboat Key, Florida 34228  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Alumni Capital, LLC 595 Bay Isles Road, Suite 120G

M05000006407 Longboat Key, Florida 34228

10. 595 Bay Isles Road, Suite 120G, Longboat Key, Florida 34228  
(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

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TALLAHASSEE, FLORIDA

12. 595 Bay Isles Road, Suite 120G

Longboat Key, Florida 34228

(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 31<sup>st</sup> day of October, 2005

Alumni Capital, LLC, its General Partner

By: [Signature]  
Eric M. Kobren, General Partner  
Manager

STATE OF Massachusetts

COUNTY OF Norfolk

On this 31<sup>st</sup> day of October, 2005

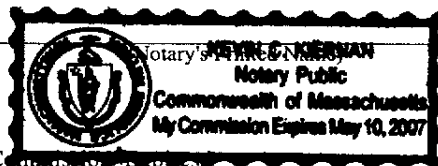
Eric M. Kobren, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Kevin C. Kiernan



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My Commission Expires

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Eric M. Kobren, Manager of Alumni Capital, LLC,  
a general partner of Alumni Partners I, 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 \$80,000,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 80,000,000.00.

*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 31<sup>st</sup> day of October, 2005.

Alumni Capital, LLC, its General Partner

By: [Signature]  
General Partner  
Eric M. Kobren, Manager

STATE OF MASSACHUSETTS

COUNTY OF Norfolk

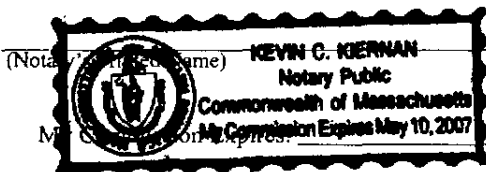
On this 31<sup>st</sup> day of October, 2005,

ERIC M. KOBREN, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)



Seal