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Credentialed and experienced

September 9, 2005

ASSOCIATES:

David V. Eck, C.P.A.

Peggy Test, C.P.A.

Florida Department of State Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: O.H.M. Cape Coral Venture I, LP

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Dear Florida Department of State:

Enclosed is the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida for the above referenced partnership.

Any correspondence and or acknowledgments should be addressed to:

Odis H. McClellan O.H.M. Cape Coral Venture I, LP

P.O. Box 1475

Borger, TX 79008-1475

If there are any questions, you may contact Odis H. McClellan at (806) 677-1776.

Very truly yours,

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David V. Eck & Associates, P.C.

cc: Odis H. McClellan

2100 S. Polk Street Telephone (806) 379-6866 P.O. Box 9253 Fax: (806) 379-6867 Amarillo, Texas 79105 E-mail: deck@nts-online.net



September 28, 2005

ODIS H. MCCLELLAN P.O. BOX 1475 BORGER, TX 79008-1475

SUBJECT: OHM CAPE CORAL VENTURE I, LP

Ref. Number: W05000044831

We have received your document for OHM CAPE CORAL VENTURE I, LP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 405A00059194

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

I.	ОНМ	CAPE	CORAL	VENTURE	I. LP	· ·						
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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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

Ρ.	M CAPE CORAL VENTURE I, LP O. BOX 1475 ORGER, TX 79008		·			
	(Mailing Address of Limited	f Partnership)				
Under penalties of pand that the facts sta	perjury I, being duly sworn, declare that I have ated herein are true and correct.	read the foregoing and know	the com	tents therec)f	
Signed this 12TH	(() cl				e	
STATE OF TE	ODIS H. MCCLELLAN, PRESIDENT	, OHM OPERATING,	INC.			
GIRIZOL	Mist		- #			
COUNTY OF HU	<u>rchinson</u>					
	12TH day of <u>SEPTEMBER</u> , 2		eared bei	ore me,		
Who is personal!	y known to me					
whose identity I	proved on the basis of					
	,					
	Michar-Fluck_ (Notary Public Signature)			SECRI TALLA	05 DE	
	MICHA FRENCH (Notary's Printed Name)			HASSEE, F	C 12 PH	FILED
LIA EREKICH	My Commission Expires: 07/21/2007			LORI		



BE 9

INC.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared <u>0015 H. MCCLELLAN. PRESIDENT. OHM OPERATING</u> ,
a general partner of CAPE CORAL VENTURE I, LP , a (an) TEXAS
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 270,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 270,000
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 12th day of SEPTEMBER , 2005
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A PER ST
ODIS H. MCCLELLAN, PRESIDENT, OHM OPERATING, INC.
ODIS R. PICCEELLAN, PRESIDENT, ORM OPERATING, INC.
STATE OF TEXAS
COUNTY OF HUTCHINSON
On this 12TH day of SEPTEMBER , 2005,
ODIS H. MCCLELLAN, personally appeared before me,
, personally appeared active may
who is personally known to me
whose identity I proved on the basis of
,
(Notary Public Signature)
(Notary Paoric Signature)
MICHA FRENCH
(Notary's Printed Name)

