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(Requestor's Name)		
(Ad	dress)	
·		
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	, 1
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Office Use Only



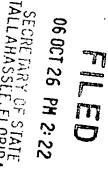
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06 OCT 26 KILL: 37

WHITE STATES AND A STATES A



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Name

Walk-In

Requested by:

Temprour VIII	Cupress	10
100000000	- GAPTE IS U	11.
,		

Will Pick Up

FILED 06 OCT 26 PH 2: 23 SECRETARY OF STATE SECRETARY OF STATE

	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
N" /	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
/	Dissolution / Withdrawal
	Annual Report / Reinstatement
\	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name

Art of Inc. File

Corp Record Search_____

Fictitious Owner Search_

Driving Record_____

UCC 1 or 3 File_____

Officer Search_

Vehicle Search_

UCC 11 Search___

Courier

UCC 11 Retrieval___

Fictitious Search____

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA (Name of Limited Partnership or Limited Liability Limited Partnership, which must include sug Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L. or LLLP. (If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) (State or Country of Formation) 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Signature of Registered Agent

8. If limited partnership is a limited liability limited partnership, check box

9. 330 Garfield Street, Santa Fe, NM 87501 (Mailing address) 10. Name, principal office address, and mailing address of each general partner:		
MULUUUUSYO	Santa Fe, NM 8 1501 330 Charkield Street Santa Fe, NM 87501	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

(Name)	(Street Address)
,	
	(Mailing Address)
	
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of	of filing:
(Effective date cannot be prior to i filed by the Florida Department of	nor more than 90 days after the date this document is f State.)
to the delivery of this application t	stence duly authenticated, not more than 90 days prior to the Florida Department of State, by the Secretary of ody of the entity's records in the jurisdiction under the
Signed this day	of October 20 06
Signature of a general partner:	
69.	11
Paul S. Crervin, Presid	dent-
Filing Fees:	\$1 000 00 (\$065 Eiling Fee and \$25 Registered Agent Fee)
Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOMORROW VIII CYPRESS L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOMORROW VIII CYPRESS L.P." WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER,

A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5117206

DATE: 10-16-06

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