

CONTACT

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

520 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1

(Corporation Name)

Islands Florida LP

(Document #)

2

(Corporation Name)

(Document #)

3

(Corporation Name)

(Document #)

4

(Corporation Name)

(Document #)

FILE THIRD

300001792493

04/24/96--01045--014

32.50 \*\*\*\*192.50

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

C. TAX \_\_\_\_\_  
FILING \_\_\_\_\_  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
FIND \_\_\_\_\_

☒ Certified Copy *each*

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

Examiner's Initials

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 19 AM 9:37

*BK 4/19/96*

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. Islands Florida LP  
(Name of limited partnership as it is in the home state)
2. Islands Florida Ltd.  
(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. March 18, 1996  
(State of Formation) (Date of Formation)
5. Nationscorp Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)
6. 526 E. Park Avenue  
(Street Address of Registered Office)
- Tallahassee, Florida 32301  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.  
Burt R. [Signature] Secretary  
(Agent must sign on this line)
8. 15 East North Street, Dover, Delaware 19901  
(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>Islands FL Holdings LP</u> | <u>8440 Walnut Hill Lane, Suite 800</u> |
| <u>396000000132</u>           | <u>Dallas, Texas 75231</u>              |
|                               |   |
|                               |   |
|                               |   |
10. 105 N. Acacia Avenue, Solana Beach, CA 92075  
(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 cancelled or withdrawn.

CONTINUED

12. 105 N. Acacia Avenue

Solona Beach, California 92075

(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.

This day of 10, April, 19 96

Islands FL Holdings LP

By: Larkspur Partners, Inc., its sole General Partner

By: [Signature]

General Partner

STATE OF TEXAS

COUNTY OF Dallas

On this 10th day of April, 19 96, John P. Wagner

personally appeared before me,

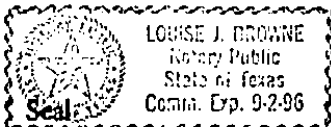
☒ who is personally known to me

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

[Signature]  
(Notary Public Signature)

Louise J. Browne

(Notary's Printed Name)



My Commission Expires: 9/2/96

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

BEFORE ME the undersigned personally appeared John Wagner,  
a general partner of Islands Florida LP, 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 \$ 1,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.

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.

This 17th day of April, 19 96.

Islands FL Holdings LP

By: Larkspur Partners, Inc., General Partner

By: [Signature]

General Partner

STATE OF Texas

COUNTY OF Dallas

On this 10th day of April, 19 96, John P. Wagner

personally appeared before me,

☒ who is personally known to me

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

[Signature]  
(Notary Public Signature)

Louise J. Browne

(Notary's Printed Name)

My Commission Expires: 9/2/96



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
9 APR 19 AM 9:38