**Document Number Only** 00000020 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Tallahannee, Ft. 32301 City Stata Zln Phone CORPORATION(S) NAME Preferred Resort Main Gate, L.P. Limited Partnership 3<u>0000 1852</u>013 \*\*\*1733.75 \*\*\*1733.75 () Profit () NonProfit () Amendment () Merger ( ) Limited Liability Co. **X**→**3**Foreign () Dissolution/Withdrawal () Mark Limited Partnership () Annual Report () Other () Reinstatement () Reservation () Change of R.A. () Certified Copy ( )Fic. Name () Photo Coples **YEUS** () Call When Ready () Call If Problem () After 4:30 🖿 Walk In Pick Up () Mall Out Avallability PLEASE RETURN EXTRA COPIES 4/4/96 Doctiment FILE STAMPED Examiner Updaler U. TAX . Veriller THYNG . Acknowledgment R. AVENT FEE \_ M.P. Veriller N. BANK . . BALANCE DUE CR2E031 (1-89) SCEIMI

## Florida Department of State, Jim Smith, Secretary of State

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## APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN ELORIDA

FOR AUTHORIZATION TO TRAP	NSACT BUSINESS I	N FLORIDA	Ġ	1. Oak
1. PREFERRED RESORT MAIN GATE, L.P. Limito	of Dard normatics		12	
(Name of limited partnership as it is in the ho	me state;		<u> </u>	3-12
<b>2</b> .			ટ	등급
	11 1. 1. 1	<del></del>		ភ
(If name is unavailable, name under which the transact business in Florida; must contain the	9 limited partnershi 9 word "I IMITED" or	P proposes to	regist	er or
	WOIG ENVITED OF	LID.)		
3. <u>pelaware</u> (State of Formation)		996		
(State of Formation)	1	(Date of Form	ation)	
5 C T_CORI	PODETION OVETER			
(Name of Registered Agent	for Service of Proc	essi		
6. <u>c/o C T Corporation</u> (Street Address of Ro	<u>system. 1200_sout)</u> egistered Office)	Pius Island	Road	<del></del>
Plantation	. Florida	_ 33324		
(City)		(Zip Code)	-	
7. Acceptance by the Registered Agent for Serv	vice of Process.	•		
- Conve Bu	<u> </u>			
CONNIE BI(Officer must a	ign on this line)			
	Title of Officer)			
	_ · · · · · ·			
8. 6900 E. 2nd Street, Scottadale, Arizona (Address of Registered Office required in Sta Principal Office.)	85251 te of Formation or,	if not required	l, Addı	ress of
9. NAME OF GENERAL PARTNERS	4			
	SPEC	IFIC ADDRESS	3	
Preferred Resort Main Gate, Inc.		et, Scottedal	e, A2	85251
F96000002842				
1 100 301 28 4 2				
10				
10. 6900 E. 2nd Street, Scottsdale, Arizona	85251			<del></del>
(Office where Names, Addresses and C			•	•
11. The limited partnerhsip will undertake to ke capital contributions of the limited partner or lim registration in Florida is cancelled or withdrawn.	eep the records lis ited partners until t	ting the addre he limited par	esses tnersh	and iip's
12 6900 5 2ml Church Co				
12. 6900 E. 2nd Street, Scottsdale, Arizona (Mailing Address of L			<del></del>	—
incoming Addition of L				

This yel day of June , 19	<u>96</u> .
ial	<u>ය</u>
General Partner	o En
Proferred Resort Hain Gato, Inc. By: Paul Poer, Vice President	5 OFF
STATE OF	or The
COUNTY OF	<b>3</b>
THE FOREGOING instrument was acknowledged of June 1996, by Paul Poer Preferred Resort Main Gate, 1P.	and sworn to before me this day (Name of General Partner) of
(Name of Limited Parntership), A Delaware	(State or Country) Limited
Partnerhsip, on behalf of the Limited Partnership.	
Notary Public State of Handar at Large	SHIRLEY J. WEEKS MY COMMISSION # CC 353876 EXPIRES: February 25, 1998 Bonded Thru Nintary Public Underwriters
SEAL) My Commission (	Expires:

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally at	Prank Orenstein, President of Opeared President of Ato, L.P., a (an)			
Delaware , limited partnership, he certifies as follows:	reinafter referred to as the "Partnership", who			
1. The amount of capital contributions of the	limited partners is \$ 2,537,568.00 9			
2. The anticipated amount of the capital contributions of the limited partners that are dilocated for the purposes of transacting business in Florida is \$ 2,537,568.00.				
Thisday of	19 <u>96.</u>			
FURTHER AFFIANT SAYETH NOT.	ບົ			
Under penalties of perjury I declare that I hat true, to the best of my knowledge and belief.	ive read the foregoing and that the facts are			
Ger	peral Partnet			
PREFERRED RES By	ORT WIN CATH FUC			
STATE OF ARIZONA COUNTY OF MARICOPA DATE June , 1996				
me to be the person who executed the forego	and County set forth above, personally ap-			
IN WITNESS WHEREOF, I have hereunto set State and County aforesaid, this 545	my hand and affixed my official seal, in the			
(Dusa M	1 Westert			
Seal State of Arizor My Commission Ex				
MAPON 31, AUG.				