## eat Number Only 00000254 ORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 222-1092 Clty State Zlp Phone CORPORATION(S) NAME 900001690799 -07/11/96--01030--027 \*\*\*\*541.87 \*\*\*\*541.87 () Profit () NonProfit () Amendment () Merger ( ) Limited Liability Co. **XX**Foreign () Dissolution/Withdrawal () Mark Limited Partnership () Annual Report () Other () Reinstatement () Reservation () Change of R.A. ( )Fic. Name () Certified Copy () Photo Coples () CUS () Call When Ready () Call if Problem () After 4:30 Walk In Pick Up () Mail Out Name Avallability PLEASE RETURN EXTRA COPIES Document FILE STAMPED Examiner Updater Veriller HILING r. Paent fee Acknowledgment c. copy -W.P. Verifier TOTAL . N. BANK -BALANCE DUE . CR2E031 (1-89) on CID

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

APPLICATION BY	FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION	TO TRANSACT BUSINESS IN EL OPIDA

1 ACCUTATION	10 THANSACT BUSINESS IN FLORIDA
1. MSSET COLLECTORS (Name of limited partnership as it is in it	L.P.
politically as it is in a	te nome state;
2, ASSET COLLECTORS	LTD
(II Лате is unavailable, name under whi	ch the limited and a second
	n the word "LIMITED" or "LTD.")
3. DELAWALE (State of Formation)	4. 6-5-96
(State of Formation)	(Date of Formation)
_	·
5CT C	ORPORATION SYSTEM
	ent for Service of Process)
6c/o C T Corporation	System, 1200 South Pine Island Road
(Street Address of Reg	distered Office)
Plantation (City)	Florida 33324
• • •	(ZIP Code)
<ol><li>7.Acceptance by the Registered Agent for</li></ol>	Service of Process.
CT COR	PORATION SYSTEM
E. ( Dono	Pouler
(Officer mi	ust sign on this line)
- C. WAYNE FATER TON	and Title of Officer)
(Type Name	and Title of Officer)
(Address of Registered Office required in S	NILMEN OF TON DELAWARE 1988/ state of Formation or, if hot required, Address of
Principal Office.)	hate or Formation or, if not required, Address of
9. NAME OF GENERAL PARTNERS	
	SPECIFIC ADDRESS
C. V. Cir.	5651 SAN FELIPE #300
a alabara	HOUSTON, TX 77057
Malennin M.	·
10 5851 SAN FELIPE # -	nd Contributions of Limited Partners are kept.)
(Office where Names, Addresses a	nd Contributions of Limited Posters and
	- annieu 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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

SAN FELIPE # 300, Houston TX (Mailing Address of Limited Partnership) 12. 5851

				U ·
This	day of	· . · ·	, 19	<b>4</b>
	Keelind ( Alexander	Muna		٠
_	General Partin	ner		길 / 그 ()
STATE OF	:			5 N
COUNTY	OF			Ü
THE FORE	EGOING instrument was	acknowledged	and sworn to befo	ore me thisday me of General Partner) of
	nen Dy	. 6		
(Name of L Partnership	nited Partnership), A con behalf of the Umite	od Partnership.	(	State or Country) Limited
	į.	10.211/12		
	Notary Public	<del></del>		
	State of			
7 (SEAL)	My Commis	ssion Expires:		
ا <del>سايسا</del> ي واي الري دريالا			<del></del>	

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally apper general partner of <u>production</u> , limited partnership, he certifies as follows:	ared Richa, d. A. Dunillain) . a
certifies as follows:	reinafter referred to as the "Partnership", who
The amount of capital contributions of the li	mited partners is \$ 1/, ( So, occ
<ol><li>The anticipated amount of the capital contr cated for the purposes of transacting business at</li></ol>	FIDTOR IS S   72 (77)
This 10 TH day of Junio 1	974,
FURTHER AFFIANT SAYETH NOT.	_
Under penalties of perjury I declare that I have reto the best of my knowledge and belief.	ad the foregoing and that the facts are true,
Culind and Two AH, L	Partner  B. Manager  C. J.
STATE OF 72 1/18  COUNTY OF 1/2 2/2  DATE 6-2 2/2	PH 1: 52
BEFORE ME, the undersigned officer, a Notary Putake acknowledgments in and for the State and Control of the State and Control of the person who executed the foregoing Affidavin whedged to me and before me that he executed the partnership.	Partner, known to me and know by me to
IN WHITNESS WHEREOF, I have hereunto set my State and County aforesaid, this	hand and affixed my official seal, in the day of
· · · · · · · · · · · · · · · · · · ·	
Seal Notary Put	lic
State of	at Large
My/Commission Expires:	