000000430 **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Tallahassee, FL 32301 222-1092 City State Zlp Phone 500002008015--1 -11/19/96--01094--020 +++1602.50 +++1802.50 **CORPORATION(S) NAME** und 111 () Profit () NonProfit () Amendment () Merger 'imited Liability Co. **Y**Foreign () Dissolution/Withdrawal () Mark Limited Partnership () Annual Report () Other UCC Filing () Reservation) Reinstatement () Change of R.A. (_)Fic. Name () Certified Copy () Photo Copies HICUS 245 (:):Call.When Ready () After 4:30 () Call if Problem 🗰 Walk In 🤄 Pick Up () Mail Out Name — Availability PLEASE RETURN EXTRA COPIE FILE STAMPED Document NAIO Examiner 11-14 Updater u. IAX . Verifier FILING Acknowledgment R. AGENT FEE ... C. COPY ---W.P. Verifler fotal. N. BAHK CR2E031 (1-89)

BALANGE DUE ___

Florida Department of State, Jim Smith, Secretary of State

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

_		•					
2 .(I	name is unavailable, name under	Which the limited parts	ership proposes to register or				
tre	insact business in Florida; must co	ntain the word *LIMITE	D" or "LTD.")				
3.	Dalawara	4,oc	tober 23, 1996				
	(State of Formation)		(Date of Formation)				
	•		E. o.				
5,		CT CORPORATION SYSTEM					
	(Name of Registere	d Agent for Service of P					
6_	c/o C T Corporation System, 1200 South Pine Island Road						
	(Street Address o	Registered Office)	P) 6				
	Plantation	, Florida _	33324 PA 3: PA				
	(City)		(Zip Code)				
7.A	cceptance by the Registered Ager	it for Service of Broson	n				
		\	s.				
	СТ	CORPORATION SYSTEM					
_		1/1/4					
	(Office	er must sign on ASSISTA	ER FAULTMAN!				
_			414 SECRETARE				
		Adula faile 11th Ot Othic	er)				
	COLDUIGEION Trust Contor, 1200	Oranbo Stroot, Wilmi					
	Corporation Trust Center, 1209 dress of Registered Office required	In State of Formation	ngton, Delaware 19801				
(Adi	dress of Registered Office required ipal Office.)	in State of Formation (or, if not required, Address of				
(Adi	ipal Office.)	in State of Formation (or, if not required, Address of				
DA) onin	oress of Registered Office required ipal Office.) AME OF GENERAL PARTNERS	F94 UVV D5615	or, if not required, Address of SPECIFIC ADDRESS				
DA) onin	ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments,	Fay (UUV D) 615	or, if not required, Address of				
(Adi	ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments,	Fay (UUV D) 615	SPECIFIC ADDRESS 424 Church Street, Suite 1200 Nashville, TN 37219				
(Adi	ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments,	F94 UVV D5615	SPECIFIC ADDRESS 424 Church Street, Suite 1200 Nashville, TN 37219 575 Fifth Avenue, 17th Floor				
(Adi	ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments,	Fay (UUV D) 615	SPECIFIC ADDRESS 424 Church Street, Suite 1200 Nashville, TN 37219				
(Adi	ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments,	Fay (UUV D) 615	SPECIFIC ADDRESS 424 Church Street, Suite 120 Nashville, TN 37219 575 Fifth Avenue, 17th Floor				
(Add	oress of Hegistered Office required ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments, VuWB Investments, Inc.	Fay WUUVDS 615	SPECIFIC ADDRESS 424 Church Street, Suite 1200 Nashville, TN 37219 575 Fifth Avenue, 17th Floor New York, NY 10017				
(Add	AME OF GENERAL PARTNERS BVT Institutional Investments, VuWB Investments, Inc.	In State of Formation of Fay (UUV D) 615 Inc. Pay (UUV D) 615 Nashville, TN 37219	SPECIFIC ADDRESS 424 Church Street, Suite 120 Nashville, TN 37219 575 Fifth Avenue, 17th Floor New York, NY 10017				
(Add	AME OF GENERAL PARTNERS BVT Institutional Investments, VuWB Investments, Inc.	In State of Formation of Fay (UUV D) 615 Inc. Pay (UUV D) 615 Nashville, TN 37219	SPECIFIC ADDRESS 424 Church Street, Suite 120 Nashville, TN 37219 575 Fifth Avenue, 17th Floor New York, NY 10017				
(Additing	oress of Hegistered Office required ipal Office.) AME OF GENERAL PARTNERS BVT Institutional Investments, VuWB Investments, Inc.	In State of Formation of Fay (UUV 05615) Inc. Pay (UUV 05615) Nashville, TN 37219 Ses and Contributions of the Formation	SPECIFIC ADDRESS 424 Church Street, Suite 120 Nashville, TN 37219 575 Fifth Avenue, 17th Floor New York, NY 10017				

(Mailing Address of Limited Partnership)

This	// +h day of	ovember	19 96		
BVT I	NSTITUTIONAL INVESTMENTS,	INC.	- 1 10		
By: _	- Fully				
(General Partner	amos Bruce	E. Nelson - Hesiden	,	
STATE OF	TENNESSEE	VICE	risiucit	<u></u>	
COUNTY	OF DAVIDSON *_	Bruce E.	Nelson	Vice	-Projdent of
OI NOVembe	EGOING instrument was ackn lr_, 19 <u>96'</u> , by <u>*BVT_Insti</u>	owledged an	id swom to be <u>veatmenta</u> (N Inc	fore me this/ lame of General	I LL day
	etail Income Fund III, Lim		rship		
(Name of L Partnership	limited Partnership), Ao, on behalf of the Limited Par	Delaware Nership.		(State or Countr	y) Limited
_	General S	llis			
	Notary Public		<u></u>		므
	State of Tennessee a	it Large			95 SECO
(SEAL)	My Commission				SECRETARY OF CO.
					
					PH 3:
					يري بي
					二部
					75

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
BEFORE ME, the undersigned personally appeared BUT Jast tout love I Tours Inc.
BEFORE ME, the undersigned, personally appeared BVT Institutional Invostments, as general partner of u.s. Retail Income Fund III, *, a (an) *Limited Partnership Delaware, limited partnership, hereinafter referred to as the "Partnership", who cortifies as follows:
The amount of capital contributions of the limited partners is \$_1,000.00
 The anticipated amount of the capital contributions of the limited partners that are allo- cated for the purposes of transacting business in Florida is \$_7,174,000
This // the day of November . 19 96
FURTHER AFFIANT SAYETH NOT.
This
BY INSTITUTIONAL INVASTMENTS, INC. By Vice - President 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
STATE OF
nwiedged to me and before me that he executed this Affidavit as General Partner of said partnership.
IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this
State of at Large
My Commission Expires: