1201 HAYS STREET TAUAHASSIT, EL 32301-2607

800-342-8086

PRESTREE HALL. LUGAL A LINANCIAL SERVICES

ACCOUNT NO.

072100000032

REFERENCE

155607

4321040

AUTHORIZATION

COST LIMIT

ORDER DATE: November 14, 1996

ORDER TIME : 10:30 AM

ORDER NO. : 155607-005

CUSTOMER NO:

4321040

CUSTOMER: Ms. Janet M. Melancon

Schiff Hardin & Waite

7200 Sears Tower

233 South Wacker Drive Chicago, IL 60606

FOREIGN FILINGS

NAME:

APAM HIGH PERFORMANCE CAPITAL PARTNERS, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

600002005776--0



November 15, 1996

THELMON WASHINGTON CSC NETWORKS TALLAHASSEE, FL

SUBJECT: APAM HIGH PERFORMANCE CAPITAL PARTNERS, L.P.

Ref. Number: W96000024237

We have received your document for APAM HIGH PERFORMANCE CAPITAL PARTNERS, L.P. and the authorization to debit your account in the amount of \$1750.00. However, the document has not been filed and is being returned for the following:

Before this partnership can be filed, the coporate general partner must be qualified in Florida. We realize that you are in the process of accomplishing this.

ALSO, PLEASE NOTE that the Registered Agent MUST SIGN the statement in Item 7.

AND ALSO, in addition to the \$1,750.00 filing fee, there is also a required \$35.00 Registered Agent designation fee. Please correct the cost limit amount to \$1,785.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 896A00052204

RESUBMIT

Please give original submission date as file date.

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

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

1. APAII High Performance Capital Par	tners. 1 D	
(Name of limited partner	rship as it is in the home state)	
3		
(it name is unavailable, name under which the limite Florida; must contain the v	d partnership proposes to register or transact business in word "LIMITED" or "LTD,")7	
(State of Formation)	4. <u>November 7, 1996</u>	
5. Dr. J. Anthony Huggins	(Date of Formation)	
(Name of Registered Ag	tent for Service of Process)	
6. 201 East Pine Street, Suite 600		
Orlando (Street Address of	f Registered Office)	
(City)	, Florida32801	
7. Acceptance by the Registered Agent for Sand	(Zip Code)	
7. Acceptance by the Registered Agent for Service of Process.		
Agent must si	PARTNER SIGNATURE BELOW	
8. Corporation Service Company 1912 -	entre Road, Wilmington, DE 19805 uation or, if not required, address of principal office.) STREET ADDRESS	
	SECRETARY SECRETARY 96 NOV 15	
10 201 East Pine Street Suit Con	PH 3:30	
10. 201 East Pine Street, Suite 600, Orlan	do, Florida 32801	
Contribution Water Names, Addresses and Contrib	butions of Limited Partners are kept.)	
 The limited partnership will undertake to keep the contributions of the limited partner or limited partner in Florida is cancelled or withdrawn. 	e records listing the addresses and capital s until the limited partnership's registration	

12. 201 East Pine Str	eet, Suite 600		
Orlando, Florida	32801		
	(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,	November 7		
	Gentral Partner		
STATE OF /LLINOIS	And also signing to accept 5 5000 Registered Agent designation 2		
COUNTY OF COOK	بها المالية ال		
On this 13-c/ day of N	love mber , 19 96 , Dri. J. Anthony Huggins		
personally appeared before me,	who is personally known to me		
whose identity I proved on the basis of Patricia Gillman's			
	personal Knowledge		
	Sharon L. Ricciandi (Notary Public Signature) Sharon L. Ricciandi (Notary's Printed Name)		
Seal	My Commission Expires: SHARON L RICCIARDI NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. AUG. 30,1907		

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned person APAN High Per	nally appeared	
a general partner of Capital Partner	rformance ners, L.P, <i>a (an)</i> Delawar	e limited nantucashi-
hereinafter referred to as the "Partne	rship", who certifies as follows:	
1. The amount of capital contribution	s of the limited partners is \$ 5.000.	000 .
2. The anticipated amount of the capital	al contributions of the limited partne	rs that are allocated for the
purposes of transacting business in Flo	orida is \$ _5.000.000 .	and the amounted for the
Under the penalties of perjury I, being contents thereof and that the facts state	duly sworn, declare that I have rea ed herein are true and correct.	d the foregoing and know the
This 7th day of November	er, 1996	무 .
		36
	ald	MON 15
	General Partner	5 Charles
,		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
STATE OF /LLINOIS		: 30
COUNTY OF COOK		U
On this /3tk day of Nove in	ber 1996 InJ.A.	nthony Angsins
personally appeared before me,	who is personally known to me	
	whose identity I proved on the basi	is of Patricia Gillman's
-	personal Knowled	1e
Sharm L. D.		
	(Notary Public	Signature)
	Sharon C. C. (Notary's Prin	cciandi
	(NOLLYS PILI	mon trame)
Seal	My Commission Expires:	OFFICIAL SEAL SHARL L RICCIARDI
		NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. AUG. 30,1997