

B98000000219

Sumstate Research

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Crocker Operating Partnership L.P.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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-04/06/98-01030-020
***1916.25 ***1916.25

☒ Walk in
☐ Mail out

☐ Pick up time
☐ Will wait

☐ Photocopy

☒ Certified Copy
☒ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

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

LP 1785.00
Cert 131.25

need
2 c/c
98 APR -6 PM 3:50
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

file
2 m
98 APR -6 AM 11:07
RECEIVED

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

1. CROCKER OPERATING PARTNERSHIP, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(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.")

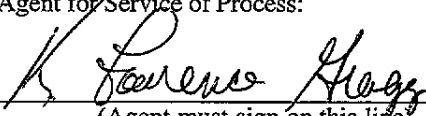
3. DELAWARE 4. 11-10-97
(State of Formation) (Date of Formation)

5. K. LAWRENCE GRAGG
(Name of Registered Agent for Service of Process)

6. 200 S. BISCAYNE BOULEVARD, SUITE 4900
(Street Address of Registered Office)

MIAMI, Florida 33131
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. 15 EAST NORTH STREET
DOVER, DE 19903
(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>CROCKER REALTY TRUST INC.</u>	<u>433 PLAZA REAL, SUITE 335</u>
<u>797-6411</u>	<u>BOCA RATON, FL 33432</u>

10. 433 PLAZA REAL, SUITE 335, BOCA RATON 33432
(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 canceled or withdrawn.

CONTINUED

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12. 433 PLAZA REAL, SUITE 335

BOCA RATON, FL 33432

(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.

As of This 31ST day of MARCH, 19 98

[Signature]
General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 24th day of MARCH, 19 98

Robert E. Onisko, Sec. of Crocker Realty Trust Inc., GP personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

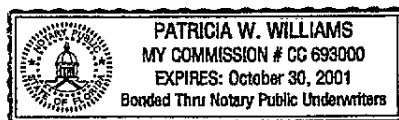
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Patricia W. Williams
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____
a general partner of CROCKER OPERATING PARTNERSHIP, L.P., 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 \$50,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 50,000,000.

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 _____ day of _____, 19 98.


General Partner

STATE OF Florida
COUNTY OF Palm Beach

On this 24th day of MARCH, 19 98,

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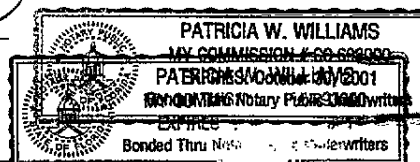
Robert E. Onisko, Sec. of Crocker Realty Trust, Inc. personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires:

