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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000  
FROM: RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, ACCT#: 076077000521  
CONTACT: LISA A LANIUS  
PHONE: (954)761-2910 FAX #: (954)764-4996

NAME: FLORCOR I LIMITED PARTNERSHIP  
AUDIT NUMBER.....H980000013748  
DOC TYPE.....FOREIGN LIMITED PARTNERSHIP  
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
Secretary of State

July 24, 1998

RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL  
LISA A. LANIUS

SUBJECT: FLORCOR I LIMITED PARTNERSHIP  
REF: W98000016933

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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 (850) 487-6967.

Michelle Hodges  
Document Specialist

FAX Aud. #: H98000013748  
Letter Number: 798A00039341

*Please refer to document # F98000004254, FLORCOR, INC.  
WAS FILED THIS DATE, 7/24/98, WITH YOUR OFFICE AND LISTED  
AS THE GENERAL PARTNER. THANK YOU.*


Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

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

1. FLORCOR I LIMITED PARTNERSHIP  
(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. ILLINOIS 4. DECEMBER 26, 1997  
(State of Formation) (Date of Formation)
5. NRAI SERVICES, INC.  
(Name of Registered Agent for Service of Process)
6. 526 E. PARK AVENUE  
(Street Address of Registered Office)
- TALLAHASSEE, Florida 32301  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
  
Anthony J. Alexander (Agent must sign on this line) VP, NRAI SERVICES, INC.
8. LAWRENCE M. FREEDMAN  
77 WEST WASHINGTON STREET, SUITE 211, CHICAGO, IL 60602  
(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>FLORCOR, INC.</u>         | <u>77 W. WASHINGTON STREET, STE 1211, CHICAGO, IL 60602</u> |
|                              |   |
|                              |   |
10. 7303 N. CICCERO AVENUE, LINCOLNWOOD, ILLINOIS 60646  
(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.

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12. 7303 N. CICERO AVENUE, LINCOLNWOOD, ILLINOIS 60646

(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 22 day of JULY, 1998.

Flora Heinen  
Paula Heinen  
General Partner

STATE OF ILLINOISCOUNTY OF COOKOn this 22<sup>nd</sup> day of JULY, 1998.RONALD SIEGEL

personally appeared before me.

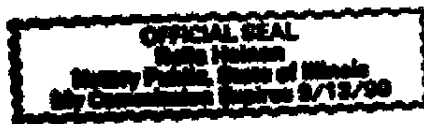
☒ who is personally known to me☐ whose identity I proved on the basis of \_\_\_\_\_

Paula Heinen  
(Notary Public Signature)

Paula Heinen  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_



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# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared \_\_\_\_\_  
 a general partner of FLORCOR I LIMITED PARTNERSHIP, a (an) ILLINOIS  
 limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

*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 22 day of JULY, 1998.

*[Signature]*  
 General Partner

STATE OF ILLINOIS  
 COUNTY OF COOK

On this 22<sup>nd</sup> day of JULY, 19 98.

RONALD SIEGEL personally appeared before me,

☒ who is personally known to me

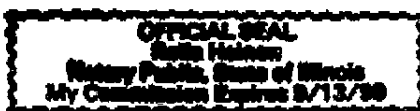
☐ whose identity I proved on the basis of \_\_\_\_\_

*[Signature]*  
 (Notary Public Signature)

ROLA HEINEN  
 (Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_



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