Document Number Only 3000000580 660 East Jefferson Street Requestor's Name <u> Tallahassee, Florida 32301</u> Address **400002650214--**-09/28/98--01089--025 (850) 222-1092 Phone Zip City State \*\*\*\*\*87.50 \*\*\*\*\*87.50 CORPORATION(S) NAME () Profit Merger () NonProfit ( ) Limited Liability Company () Mark () Dissolution/Withdrawal () Foreign ( ) Other 🚉 🖫 () Annual Report **KLimited Partnership** () Change of R.A. ( ) Fict. Filing () Reinstatement ( ) vcc-1 & vcc-3 ( ) Limited Liability Partnership CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk in () Mail Out Please Return Extra Copy(s) Name Filed Stamp Availability Thanks, Melanie 👵 Document Examiner SEP 28 1998 Updater File 2nd Verifier \*\*\*\*\*\*8.75 \*\*\*\*\*8.75 Acknowledgment

CR2E031 (1-89)

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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.	CMS/BYRON HALL, L.P.			
••	(Name of limited partnership as it is in the home state)  (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.")			
2.	(If name is unavailable, name under which the limited partnership proposes to register or transact business in			
	(If name is unavailable, name under which the immited partnership proposes to register of transact business in Florida; must contain the word "LIMITED" or "LTD.")			
3.	Illinois 4. September 22, 1998			
	(State of Formation) (Date of Formation)			
5	C T CORPORATION SYSTEM			
	(Name of Registered Agent for Service of Process)			
5.	1200 South Pine Island Road			
	(Street Address of Registered Office)			
	Plantation , Florida 33324 (Zip Code)			
	(City) (Zip Code)			
-	Acceptance by the Registered Agent for Service of Process.  C. CORPORATION SYSTEM  Officer must sign on this line)  James M. Halpin  Asst. Secretary			
3	1996 South Kirk Road, Suite 320, Geneva, IL 60134			
•	(Address of registered office required in state of formation or, if not required, address of principal office.)			
€.	NAME OF GENERAL PARTNERS STREET ADDRESS			
_	CMS/Byron Hall, Inc. 1996 South Kirk Road, Suite 320, Geneva, IL 60134			
	F970UVUST16			
10.				
	(Office where Names, Addresses and Contributions of Limited Partners are kept.)			

CONTINUED

limited partner or limited partners until the limited partnership's registration in Florida is canceled or

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the

withdrawn.

12. 1996 South Kirk Road, Suite 320, Geneva, IL 60134  (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.
(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 22nd day of September ,1998.
General Partner  CMS/Byron Hall, Inc.  By: Thomas F. Brett, II
STATE OF Illinois Its: Secretary
COUNTY OF Cook
On this 22nd day of September , 1998 ,  Thomas F. Brett, II, Secretary  CMS/Byron Hall, Inc. personally appeared before me,
CMS/Byron Hall, Inc. personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature)  "OFFICIAL SEAL" Chris Dunlavy Notary Public, State of Illinois My Commission Expires Jan. 15, 2001
Chris Dunlavy (Notary's Printed Name)

My Commission Expires: January 15, 2002

Seal

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared Thomas F. B	
a general partner of CMS/Byron Hall, L.P.	, a (an) <u>Illinois</u>
limited partnership, hereinafter referred to as the "Partnership", who ce	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
1. The amount of capital contributions of the limited partners is \$ _10	
2. The anticipated amount of the capital contributions of the limited p	artners that are allocated for the purposes of
transacting business in Florida is \$ 0	o artners that are allocated for the purposes of R
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 22nd day of September , 19 98	<u> </u>
General Part Thomas F. B	
STATE OFILLinois	f CMS/Byron Hall, Inc.
COUNTY OF Cook	•
On this 22nd day of September	, 19 <del>98</del> ,
Thomas F. Brett, II	personally appeared before me,
who is personally known to me	
whose identity I proved on the basis of	
(Notary Public Signature)  Chris Dunlavy	"OFFICIAL SEAL" Chris Dunlavy Notary Public, State of Illinois My Commission Expires Jan. 15, 2001
(Notary's Printed Name)	**************************************

Seal

My Commission Expires: January 15, 2001