

Document Number Only

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C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

800002728018--1

-12/31/98--01056--002

*****87.50 *****87.50

TCI - II Advisors, L.P.

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☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

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☐ After 4:30

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JOEY

12/31/98

12/31/98

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file 2nd

CR2E031 (1-89)

Florida Department of State, Sandra B. Mortham, Secretary of State
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. TCI-II Advisors, 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. July 31, 1998
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

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

D.I. Farber C T CORPORATION SYSTEM
(Officer must sign on this line) Asst. Secretary

8. 28 State Street, 37th Floor
Boston, Massachusetts 02109
(Address of registered office required in state of formation or, if not required, address of principal office.)

| 9. NAME OF GENERAL PARTNERS | STREET ADDRESS |
|--|------------------------------------|
| <u>TCI-II Advisors, Inc., a Delaware corporation</u> | <u>28 State Street, 37th Floor</u> |
| <u>F9866067141</u> | <u>Boston, Massachusetts 02109</u> |

10. 28 State Street, 37th Floor, Boston, Massachusetts 02109
(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. 28 State Street, 37th Floor

Boston, Massachusetts 02109

(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 29th day of December, 1998.

By: TCI-III Advisors, Inc.
Its: General Partner

General Partner

By: Frederick S. Moseley IV
Its: President

Commonwealth
STATE OF Massachusetts

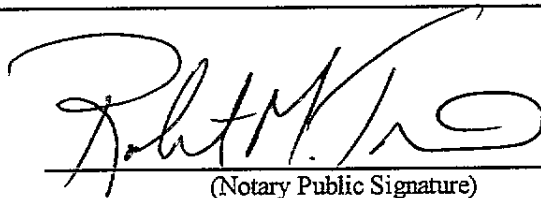
COUNTY OF NORFOLK

On this 29th day of DECEMBER, 1998.

FREDERICK S. MOSELEY IV personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

ROBERT M. TREVISANI
Notary Public

(Notary's Printed Name) My Commission Expires Nov. 8, 2002

Seal

My Commission Expires: _____

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SECRETARY OF CORPORATIONS
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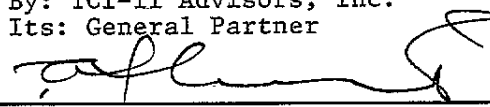
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared Frederick S. Moseley IV, President of TCI-II Advisors, Inc., a general partner of TCI-II Advisors, 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 \$ 500,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-.

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 29th day of December, 19 98
By: TCI-II Advisors, Inc.
Its: General Partner



General Partner
By: Frederick S. Moseley IV
Its: President

Commonwealth
STATE OF Massachusetts
COUNTY OF Norfolk

On this 29th day of December, 19 98,

FREDERICK S. MOSELEY IV personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

ROBERT M. TREVISANI

Notary Public

(Notary's Printed Name)

My Commission Expires Nov. 8, 2002

Seal

My Commission Expires: _____

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