

Document Number Only

B99000000268

C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

400002927244--6
-07/09/99--01058--008
***1785.00 ***1785.00

400002927244--6
-07/09/99--01058--007
*****8.75 *****8.75

Wynwood of Dinedin C.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 PM 2:35

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Frivolous Name
- CUS 7 g/
- After 4:30
- Pick Up

RECEIVED
99 JUL -9 AM 11:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment

B99-268
7/9

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

THANK YOU ! MANDI KENT

12. 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005

(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 28th day of June, 1999

Thomas E. Komula

General Partner
Thomas E. Komula

STATE OF ~~Wisconsin~~ Georgia

COUNTY OF ~~Waukesha~~ Fulton

On this 28th day of June, 19 99

Thomas E. Komula personally appeared before me,

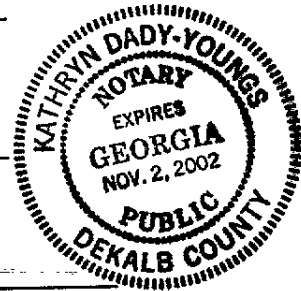
who is personally known to me

whose identity I proved on the basis of _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 PM 2:35

Kathryn Dady-Youngs
(Notary Public Signature)

Kathryn Dady-Youngs
(Notary's Printed Name)



Seal

My Commission Expires: _____

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

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

1. Wynwood of Dunedin L.P.
(Name of limited partnership as it is in the home state)

2. Alterra Wynwood of Dunedin L.P.
(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. June 24, 1999
(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.

C T CORPORATION SYSTEM
Allen Farnell
(Officer must sign on this line) Allen Farnell

8. 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005
(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>See 1 in Addendum</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 PM 2:35

10. 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005
(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

Addendum

1. Name:

Alterra Healthcare Corporation ✓

F9400000 3/82

Address:

450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 PM 2:36

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared Thomas E. Komula, Senior V.P. of Alterra Healthcare Corporation,
a general partner of Wynwood of Dunedin 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 \$ 300,000.00
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 300,000.00

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 28th day of June, 19 99

[Signature]
General Partner
Alterra Healthcare Corporation
Thomas E. Komula, Senior Vice President

STATE OF ~~Wisconsin~~ Georgia
COUNTY OF ~~Waushara~~ Fulton

On this 28th day of June, 19 99

Thomas E. Komula personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)
Kathryn Dady-Youngs
(Notary's Printed Name)



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 PM 2:36

Seal My Commission Expires: _____