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\*\*\*1785.00 \*\*\*1785.00

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

Wynwood of Baynton Beach L.P. <sup>WEST</sup>

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THANK YOU ! MANDI KENT

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 Boynton Beach West L.P.  
(Name of limited partnership as it is in the home state)

2. Alterra Wynwood of Boynton Beach West 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  
(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  
See 1 in Addendum

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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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

Alterra Healthcare Corporation

*[Handwritten Signature]*

General Partner

Thomas E. Komula  
Senior Vice President

STATE OF ~~Wisconsin~~ Georgia

COUNTY OF ~~Waukesha~~ Fulton

On this 28th day of June, 1999

Thomas E. Komula personally appeared before me,

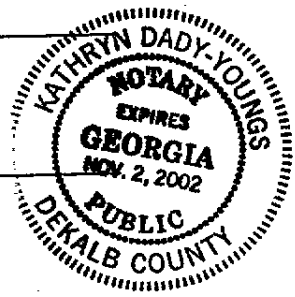
who is personally known to me

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

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*[Handwritten Signature]*  
(Notary Public Signature)

Kathryn Dady-Youngs  
(Notary's Printed Name)



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

Addendum

1. Name:

Alterra Healthcare Corporation

Address:

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

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**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 Boynton Beach West 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 \$ 325,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 325,000.00

*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

*Thomas E. Komula*  
General Partner  
Alterra Healthcare Corporation  
Thomas E. Komula, Senior Vice President

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STATE OF ~~Wisconsin~~ Georgia  
COUNTY OF ~~Waukesha~~ Fulton

On this 28th day of June, 19 99

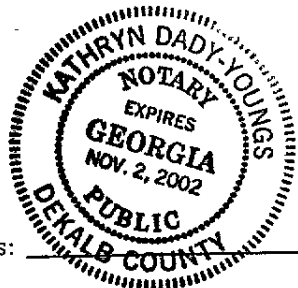
Thomas E. Komula personally appeared before me,

who is personally known to me

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

*Kathryn Dady-Youngs*  
(Notary Public Signature)

Kathryn DADY-Youngs  
(Notary's Printed Name)



Seal

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