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Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

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-09/28/99--01057--007
***1793.75 ***1793.75

Wynwood of Royton Beach Congress, L.P.

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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**

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

2. ~~Wynwood of Boynton Beach Congress Limited Partnership~~
 (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. September 13, 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)

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>Alterra Healthcare Corporation</u>	<u>450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005</u>
<u>F94000003162</u>	

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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 22 day of September, 1999.

Thomas E. Komula

General Partner
Thomas E. Komula

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STATE OF Wisconsin

COUNTY OF waukesha

On this 22nd day of Sept., 19 99.

Thomas E. Komula personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

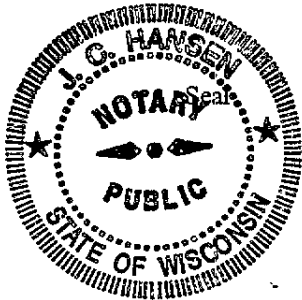
J.C. Hansen

(Notary Public Signature)

J.C. Hansen

(Notary's Printed Name)

My Commission Expires: 5/20/02



HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE PROVISIONS, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DATE: 9/28/99

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,
Special Assistant Secretary

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared _____
a general partner of Wynwood of Boynton Beach Congress L.P., a(an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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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 22 day of September, 19 99

T.H.F. Hansen
General Partner
Alterra Healthcare Corporation

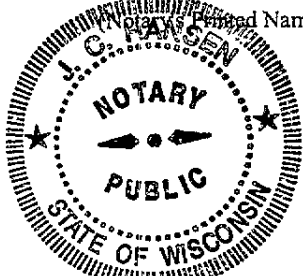
STATE OF Wisconsin
COUNTY OF Waukesha

On this 22nd day of Sept., 19 99,

Thomas Komula personally appeared before me,

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

J.C. Hansen
(Notary Public Signature)
J.C. Hansen
(Printed Name)



My Commission Expires: 5/26/02