

Document Number Only

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CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

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-10/07/99--01053--025  
\*\*\*1837.50 \*\*\*1837.50

CORPORATION(S) NAME

St. Charles Partners, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -7 PM 3:01

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
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Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/06/99

FILE SECOND

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
99 OCT -7 AM 11:27

BK  
10/7/99

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

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1. St. Charles Partners, 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. Georgia 4. September 28, 1999  
(State of Formation) (Date of Formation)
5. C T Corporation System  
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 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  
Connie Bryan **CONNIE BRYAN**  
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**
8. Diedra L. Sorohan, Registered Agent  
2180 Satellite Boulevard, Suite 180  
Duluth, Georgia 30097  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
St. Charles G.P., L.L.C. 5555 Glenridge Connector, Suite 700  
Atlanta, Georgia 30342  
M99000001590
10. 5555 Glenridge Connector, Suite 700, Atlanta, Georgia 30342  
(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. 5555 Glenridge Connector, Suite 700, Atlanta, Georgia 30342

(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 5th day of October, 19 99

St. Charles G.P., L.L.C.

By: [Signature]  
George Lane, Manager General Partner

STATE OF GEORGIA

COUNTY OF Fulton

On this 5 day of Oct., 19 99

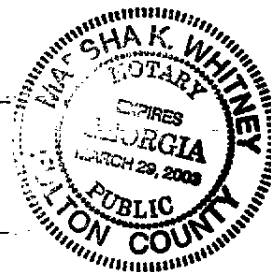
George U. Lane, III personally appeared before me,

☒ who is personally known to me

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

[Signature]  
(Notary Public Signature)

Marsha K. Whitney  
(Notary's Printed Name)



Seal

My Commission Expires: 3/29/03

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED  
PARTNERSHIP**

BEFORE ME the undersigned personally appeared George Lane, Manager of St. Charles G.P., L.L.C.  
a general partner of St. Charles Partners, L.P., a (an) Georgia  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,794,186.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of  
transacting business in Florida is \$ 1,794,186.00.

*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 5th day of October, 19 99.

St. Charles G.P., L.L.C.

By:   
George Lane, Manager General Partner

STATE OF GEORGIA

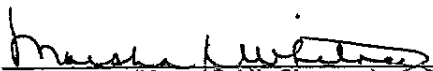
COUNTY OF Fulton

On this 5 day of Oct, 19 99,

\_\_\_\_\_, personally appeared before me,

☒ who is personally known to me

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

  
(Notary Public Signature)

Marsha K. Whitney  
(Notary's Printed Name)

Seal

My Commission Expires:



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -7 PM 3:01