PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING HIE FORM.

		EL ORIDA:	)FPAR1	TMENT OF STA	ATE:	<b>4</b> 0 100	er 7 C	H 12: 25	,		
	D		Mh II				,				
H	STAT MEN		ion	JRP JONS		SECR	ETARY C HASSEE,	F STATE FLORIDA		j	
DOCU	IMENT # M9900	00ml	20k							Č	
1. Limited Liability Company's Name						The state of the s					
MTH ACQUISITION, L.L.C.											
2. Principal Office Address 3. Ma			Mailing Office Address						<u> </u>		
2215 <sub>1</sub> Y	ork-Road afteste 50km	2100 אַ	2100 Manchester Road			4. State/Country of Formation Illinois					
Suite, Apt. #		Suite, Apt. #, etc.			Illinois  5. Date Organized or Qualified						
	ite 501		Suite 1750			Do Busine	ess in Florida	May 3,	, 1999		
City & State	•	City & State			El Number	/05001		<b>→</b>	ed For		
	ik Brook, IL	Wheato	n, Il	linois Country		36-4253015				Applicable	
Zip 60523	Country DuPage	60187		DuPage	7.	RTIFICATE C	OF STATUS DE	SIREDXX \$5.00	Additional Fe a Certificate	ee required of Status	
		<b>8.</b> Na	me and A	ddress of Current R	egistered Agent	nt ;	n				
	Name							2.1			
	CT Corporation System Street Address (P.O. Box Number is Not Acceptable)					- 60			3331		
j.	1200 South Pine Island Road							3/12/02 <i></i> ••••250.00		-uus 250.00	
 . <del></del>	Suite, Apt. #, Etc.						• • •		, ,,,,,,,,,		
	City		State Zip Code 33324								
9. I, being	appointed the registered agent of the abo	ve named limited	liability co	mpany, am familiar w	ith and accept th	ne obligatio	ns of Chapte	r 608, F.S.	·	10/01	
Signature of Quine & Duran Quil											
Registered /	Agent	GISTERED AGE	NT MUST	SIGN		<del></del>	Date	<u>- 1010-</u>			
<b>10.</b> Name	es and Street Addresses of Managing Men	nbers/Managers							<u></u> .		
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip				
		2215	Vorle Boad	Suite 5	ita 510 Oak		Brook, Illinois		0523		
MGR BP Capital Management, LLC			2215 York Road, Suite 510			710	Oak DI	000, 111.	1110 10 0	.0323	
40							<del></del>	<del></del>			
	377	இதுதை நக <b>்</b> வ	্র হত্ত শহর্মার	COLUMN TO STATE OF THE STATE OF	2.00	(0)					
		cind.	Fall	ewew .	9000:	02					
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11. I certif	y that I am managing member/manager o	r the receiver or	trustee em	powered to execute t	this application a	as provided	for in chapt	er 608, F.S. I furt	her certify tha	at when	
	y that I am managing member/manager on his reinstatement application the reason for s owed by the limited liability company hav										
as if m	nade under nath 😁	Managem		L.L.C.							
Signature o Managing M	Member/Manager BY: K	fm		Date	05/30/	2002 <sub>Da</sub>	aytime Phone	#_630-87	1-2600		
	Brian T	Clinge:	n, Ma:	nager - Clingen <sup>8</sup>	s Manage	er <sub>e</sub> of-	BP Cap	ital Man	agement	.,- LLC	