

FORM LP 902  
(Rev. Jan. 1991)

FL 5009037

Assigned by Secretary of State

Filing Fee \$75

GEORGE B. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

APPLICATION FOR ADMISSION  
TO TRANSACT BUSINESS  
(foreign limited partnership)

All correspondence regarding this form will  
be sent to the registered agent of the limited  
partnership unless a self-addressed envelope  
is enclosed

OFFICE USE ONLY  
5009037 SEEL 10/25/94  
75.00 11 0000028191 FILED

- Limited partnership's name: AMHC-1, L.P.
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) 4621 Teller Avenue, Suite 100, Newport Beach, CA 92660 Orange County
- Federal Employer Identification Number (F.E.I.N): 33-0601581
- The limited partnership was formed in the jurisdiction of: Delaware on: February 23, 1994 and validly exists there as a limited partnership on the file date of this application.
- Admitting name, if any, under which the limited partnership will transact business in Illinois: \_\_\_\_\_
- An application to adopt an assumed name, form LP 108, is attached  Yes  No.
- The limited partnership's registered agent's name and registered office address is:  
Registered Agent: C T CORPORATION SYSTEM  
Registered Office: 

	First Name	Middle Name	Last Name
Number	<u>208</u>	<u>S. La Salle Street</u>	
Street		<u>Chicago</u>	
City	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>
Suite #			<u>60604</u>
Zip Code			<u>60604</u>

  
 (P.O. Box alone and c/o are unacceptable) \_\_\_\_\_
- The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this State is cancelled.
- Dissolution date is:  Perpetual or \_\_\_\_\_ month, day, year
- The Illinois Secretary of State is hereby appointed the agent of this limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA.

DEPT-01 RECORDING \$23.00  
T00014 TRAN 3036 10/12/94 13434100  
#1686 AR #-94-875939  
COOK COUNTY RECORDER

946799339  
2200R

11. NAME(S) & BUSINESS ADDRESS(S) OF ALL GENERAL PARTNER(S)

1. American Model Home Corporation  
 General Partner's Name  
 4621 Teller Avenue, Suite 100  
 Number Street  
 Newport Beach  
 City/Town  
 CA 92660  
 State Zip Code

2. \_\_\_\_\_  
 General Partner's Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City/Town  
 \_\_\_\_\_  
 State Zip Code

3. \_\_\_\_\_  
 General Partner's Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City/Town  
 \_\_\_\_\_  
 State Zip Code

4. \_\_\_\_\_  
 General Partner's Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City/Town  
 \_\_\_\_\_  
 State Zip Code

5. \_\_\_\_\_  
 General Partner's Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City/Town  
 \_\_\_\_\_  
 State Zip Code

6. \_\_\_\_\_  
 General Partner's Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City/Town  
 \_\_\_\_\_  
 State Zip Code

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original application to transact business must be signed by at least one general partner.

*Paul N. Donnelly*  
 \_\_\_\_\_  
 (Signature)  
 Paul N. Donnelly, President

\_\_\_\_\_  
 (Type or print Name and Title)  
 American Model Home Corporation

\_\_\_\_\_  
(Name of General Partner if a corporation or other entity)

(Signature must be in ink on an original document. Carbon copy, photo copy or rubber stamp signature may only be used on conformed copies).

FORMS OF PAYMENT:

Payment must be made by Certified Check, Cashier's Check, Illinois Attorney's Check, Illinois C.P.A.'s Check or Money Order, Payable to "Secretary of State".

RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 330 Centennial Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

DO NOT SEND CASH!

5800  
746-3

RECORDING DESK  
BOX 170

94875939

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