

SPECIAL POWER OF ATTORNEY: _____,
A LIMITED PARTNERSHIP

STATE OF _____)))

COUNTY OF _____))

The undersigned constituting all of the general and limited partners of the _____ limited partnership, appoint _____ to act as their attorney in fact for the special purpose of filing any and all documents which may be required to be filed by the laws of the State of _____ related to the _____ limited partnership.

Dated: _____

General Partners:

Limited Partners: