CORPORATE DETAIL RECORD SCREEN

10:05 AM

5/24/02 CQRPORATE DET NUM: A0000000969 ST:FL ACTIVE/FL LP

FLD: 06/15/2000 FLD: 06/22/2000

LAST: LLLP Statement of Qualification

NT: 9,900.00 FEI#: 59-3654673 ACT G : MALOUF FAMILY PARTNERS, NAME NH: PRI ADD RA

TAMPA, FL 33618

ANN REP

(2001) I 04/09/01

1. MENU, 3. PARTNERS, 4. EVENTS, 6. NAMES

ENTER SELECTION AND CR:

400005637594--8 -05/29/02--01039--019 ***1750.00 ***1750.00

02 MAY -6 AM 10: 42

FF \$1750



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 19, 2002

MALOUF FAMILY PARTNERS, LLLP 3115 MOSSVALE LANE TAMPA, FL 33618

SUBJECT: MALOUF FAMILY PARTNERS, LLLP

Ref. Number: A00000000969

We have received your document for MALOUF FAMILY PARTNERS, LLLP and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 102A00023646

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	Malout Family Partner	rs LCLP
The undersigned general parameters of		, a
Florida Limited Partnership, executed a Florida Statutes.	this supplemental affidavit filed pur	rsuant to section 620.112,
The total amount of the capital contribu	tions of the limited partners is: \$ 2,	<u>722, 121 </u> .
This 30th day of April	, 19 2	002
FURTHER AFFIANT SAYETH NO	<i>T</i> .	
Under penalties of perjury I declare that best of my knowledge and belief.	at I have read the foregoing and that	the facts are true, to the
	General Partner(s)	
- JU 13		02 MAY -6 AN SECRETARY OF TALLAHASSEE.

Fees: \$7 per \$1000, based on additional contributions

Minimum \$ 52.50 Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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