

A01 000000723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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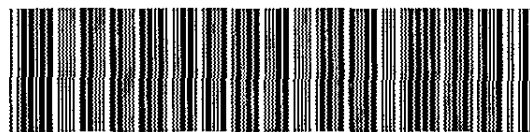
(Business Entity Name)

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TALLAHASSEE, FLORIDA

A01-723

QR

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 5-15-03

REF. #: 0151.15298

CORP. NAME: MERIDIAN HOUSING LIMITED PARTNERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: <u>SUPPLEMENTAL AFFIDAVIT</u> | | |


STATE FEES PREPAID WITH CHECK# 8954 FOR \$ 1,802.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials 

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03 MAY 15 AM 10:15
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CP \$1750.
Cert 52.50

**SUPPLEMENTAL AFFIDAVIT
OF CAPITAL CONTRIBUTIONS OF
MERIDIAN HOUSING LIMITED PARTNERSHIP**

STATE OF FLORIDA)
)SS.
COUNTY OF MIAMI-DADE)

Pursuant to Section 620.112 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of MERIDIAN HOUSING LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), who upon being duly sworn, deposes and says:

1. The aggregate capital contributions that have or are anticipated to be made by the Limited Partner of the Partnership to the Partnership is \$4,434,000.00.

2. It is not anticipated that the Limited Partner will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

DATED: May 9, 2003

THP MERIDIAN CORPORATION,
Florida corporation, as sole General Partner

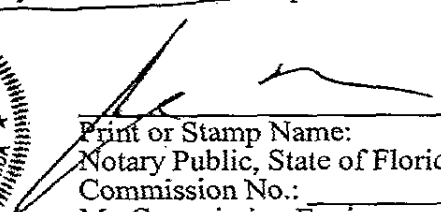
By: 
Oliver B. Pfeffer, President

FILED
03 MAY 15 AM 11:58
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 9th day of May, 2003, by Oliver B. Pfeffer, as President of THP MERIDIAN CORPORATION, a Florida corporation, on behalf of the corporation. He is personally known to me or has produced a driver's license as identification and did take an oath.




Print or Stamp Name:
Notary Public, State of Florida at Large
Commission No.: _____
My Commission Expires: _____