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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

	sistration Section islon of Corporations				
SUBJECT:	2004 Parker Family Limited Partner	ship			
	(Name of	Limited Partne	ership)		
The enclosed	d Supplemental Affidavit and fee(s) are s	ubmitted for f	iling.		
Please return	all correspondence concerning this mat	ter to the follo	wing:		
		K. O'Neill, Es	sq		. ~
		erg Law Grou irm/Company)	ıp, LLC	SECTAL LAR	7
	57 Rive	er Street, Suit (Address)	e 204	ARY OF	DM 12: 15
		sley, MA 024 tate and Zip Co		LORIDA	2: 15
For further in	nformation concerning this matter, pleas	e call:			
	Julia K. O'Neill (Name of Person)	2	Area Code & Daytime Telephon	ne Number)	
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

INHS20(5/04)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general pa	artners of		
2004 Parker Family Limit			,a
Florida Limited Partnership Florida Statutes.	o, executed this supplemental affid	avit filed pursuan	t to section 620.112,
The total amount of the cap	ital contributions of the limited par-	tners is: \$ 100,000	0,000.00
This 26th day of Augu	ust	, 2004	
FURTHER AFFLANT SA	YETH NOT.		
Under penalties of perjury, best of my knowledge and b	I declare that I have read the foregoelief.	going and that the	facts are true, to the
	General Partner(s)		OL A SECH
Private B	Equity Investments, LLC		AUG 30 AUG 30 AHASSE
ву:	Iffor T. Pohr		SEE F
Jeffrey F	P. Parker, Manager		
			DA S
	Fees:		
	\$7 per \$1000, based on additional contributions Minimum \$ 52.50		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Maximum \$1750.00