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DOUGLAS N. RICE, C.P.A., P.A.

225 Ponce DeLeon Boulevard

Coral Gables, FL 33146-1826

(305) 461-9900

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ponce Portfolio Mortgage, Ltd.  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas N. Rice  
(Name of Person)

Ponce Portfolio Mortgage, Ltd.  
(Firm/Company)

4225 Ponce de Leon Boulevard  
(Address)

Coral Gables, Fl. 33146-1826  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas N. Rice  
(Name of Person)

at ( 305 ) 461-9900  
(Area Code & Daytime Telephone 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

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

Ponce Portfolio Mortgage, Ltd., a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 25,000,000.00

This 22 day of January, 2005

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.*

General Partner(s)

Douglas M. Price  
\_\_\_\_\_  
\_\_\_\_\_

<b>Fees:</b>
\$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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