P94000001791

Jacobson Family, 1+d.		
Acobson Family, 1+d. (Requestor's Name) / 1+d. (Reduestor's Name) / 1. (Address)		
(Address) LISBUYA, FL 34748 (Address)		
(City/State/Zip/Phone #)		
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Machment

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SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	JACOBSON FAMILY, LTD
The state of the s	<u>, in the state of the state of</u>
Florida Limited Partnership, executed t Florida Statutes.	this supplemental affidavit filed pursuant to section 620.112,
The total amount of the capital contribu	ations of the limited partners is: \$\\$651,690.38
This _31ST day of _DECEMBER	2003
FURTHER AFFIANT SAYETH NOT	r.
Under penalties of perjury I declare that best of my knowledge and belief.	nt I have read the foregoing and that the facts are true, to the
General Partner(s)	
	en e
HAL M JACOBSO	
get of the light of	<u> </u>

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