A96000001018

St. Augustine MOB, Ltd
Requestor's Name

4651 Salisbury Rd., Ste 155
Address

Jacksonville, FL 32256
City/State/Zip Phone #

000002126749--8
-03/28/97--01044--002
****700.00 ****700.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
X	Amendment increasing $ to $100,000.00
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name Availability

Document Examiner

Updater

Verifyer

Acknowledgement

W. P. Verifyer

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
97 MAR 28 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	

CR2E031(1/95)

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of St. Augustine MOB, 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: $ 100 .

This 7th day of March, 19 97

FILED
97 MAR 28 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

_____

_____

_____

Due
$ 700.00

FEES:
$7 per $1,000 based on the additional contributions
(Minimum $52.50 - Maximum $1,750.00)

INHSE20(3/95)