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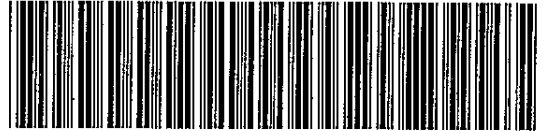
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SECURITY STATE
TALLHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRISCOLL FAMILY LIMITED PARTNERSHIP
(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:

THOMAS V. DRISCOLL
(Name of Person)

(Firm/Company)

6170 MULLIN STREET
(Address)

JUPITER, FL 33458
(City/State and Zip Code)

STATE ARCHIVE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

THOMAS V. DRISCOLL
(Name of Person)

at (561) 575-6748
(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

DRISCOLL FAMILY LIMITED PARTNERSHIP

, 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: \$ 64,500.00
(SIXTY FOUR THOUSAND AND 00/100 DOLLARS)

This 4th day of OCTOBER, 2004.

FURTHER AFFLIANT 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)

DRISCOLL CONSTRUCTION, INC.

ITS SOLE GENERAL PARTNER

BY: THOMAS V. DRISCOLL, PRESIDENT

 , PRESIDENT.

Fees:

\$7 per \$1000, based on additional
contributions
Minimum \$ 52.50
Maximum \$1750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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