## Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Will wait Certificate of Status Photocopy Mail out **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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

The	undersig	ned general p	artners of	SUNCRUZ CAS	INO, LTD.				<u> </u>	
	<u>-</u>	•				<u></u>		,a		N.
Flori Flori	ida Limit ida Statu	ed Partnershi tes.	p, executed	this supplemental	affidavit fil	ed pursuar	nt to secti	on 620.	112,	,
The t	total amo	ount of the cap	pital contribu	utions of the limited	d partners i	S: \$ 60,53 (Initi	5 al cap.	contr	<b>.</b> \$990	),
This	24th	day of		February	2	2000	_•			-
FUR	THER A	AFFIANT SA	AYETH NO	T.						
Unde best c	er penalti of my kno	es of perjury wledge and b	I declare tha velief.	at I have read the fo	oregoing an	d that the	facts are	true, to	the	
	·			General Partner(s	s)					
		G	us Boulis,	Pres.			SEC TALL	. 00	ر بعدد ہے۔	<u>.</u>
			<u> </u>	-				APR -5		
			7 per silve Minimum Maximum s	Fees:  Dissert on additional contributions  52.50 1750/00	(max 77)			部 ま 36		

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