

Promotor's Name  
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 City/State/Zip      Phone #

# A98000001417

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **400003313234--7**  
 -07/05/00--01079--008  
 \*\*\*\*\*52.50 \*\*\*\*\*52.50
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

FILED  
 00 JUL -7 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*FF \$52.50*

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 12, 2000

ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENTS, LTD  
3251 MORRIS LANE  
COCONUT GROVE, FL 33133

SUBJECT: ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENTS,  
LTD.  
Ref. Number: A98000001417

We have received your document for ALLAN G. W. AND DORIS S. MCLEOD  
FAMILY INVESTMENTS, LTD. and check(s) totaling \$161.90. However, your  
check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of  
the limited partners have gone beyond what we currently have on file. A  
supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes.  
The filing fee is based on the additional amount of contributions calculated at a  
rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing  
fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 900A00033333

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL - 7 AM 9: 05

FILED

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

The undersigned general partners of Alaugh, + Doris S McLeod Family  
Investments 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: \$ 10,450<sup>00</sup>.

This 26 day of June, 19 2000.

**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)

Alaugh McLeod  
Doris S McLeod

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL -7 AM 9:05

FILED

<p><b>Fees:</b> \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00</p>
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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314