3/15/01 4 0060086 : MUM: LAST: AMENDM

PRINCIPAL: 12550 BISCAYNE BLVD., SUITE 215

NORTH MIAMI, FL 33181 ADDRESS

RA NAME : GREEN, PATRICIA K RA ADDR : 2200 MUSEUM TOWER

150 WEST FLAGLER STREET

MIAMI, FL 33130 US

ANN REP :

(1999) I 12/14/98 (2000) I 02/04/00

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

300003855143--5 -03/16/01--01007--008 \*\*\*1750.00 \*\*\*1750.00

FF \$1750.00



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 11, 2001

PLACE VENDOME II, LTD. 12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI, FL 33181

SUBJECT: PLACE VENDOME II, LTD. Ref. Number: A98000001939

We have received your document for PLACE VENDOME II, LTD. and your check(s) totaling \$2276.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

On the affidavit of capital contributions on officer of CASTLE ONE, LTD. must sign you can not sign the affidavit as castle one, ltd.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 901A00028631

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

The undersigned general partners of PLACE VENDOME TILL!
, 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: \$
This 1 day of <u>Nace</u> , 19 3001.
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)
CASILE ONE Ltd & DON SINE
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