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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTH FOUNTAIN COURT, LTD.	
(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:	
TERRIS LE VAN (Name of Person)	
(Name of Person)	
LEVAN ASSET MANAGEMENT COMP.	
(Firm/Company)	
8250 COLLEGE PKWY #201	
	2
City/State and Zip Code)	enter de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya dela companya de la companya dela companya dela companya de la companya dela companya dela companya dela companya dela companya
(City/State and Zip Code)	
For further information concerning this matter, please call:	e tan
TERRIS (EVAN) at (239) UP1 - 9580NO (Area Code & Daytime Telephone Nu	hom upon
(Name of Person) (Area Code & Daytime Telephone Nu	imber)
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	

INHS20(5/04)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned ge	neral partners of
50	UTH FOUNTAIN COURT, LTD , a
Florida Limited Par Florida Statutes.	tnership, executed this supplemental affidavit filed pursuant to section 620.112
The total amount of	the capital contributions of the limited partners is: \$
This day of	of March, 200T.
FURTHER AFFLA	ANT SAYETH NOT.
Under penalties of p best of my knowleds	perjury, I declare that I have read the foregoing and that the facts are true, to the g e and belief.
	General Partner(s)
	TORRIS LEVAN - Almosto
	OF 141
	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
Taliahassee, FL 32314