

BERMAN WOLFE & RENNERT

PROFESSIONAL ASSOCIATION • ATTORNEYS AND COUNSELORS

MIMI GROSS
LEGAL ASSISTANT
(305) 375-6585

A99000000453

June 16, 1999

MR. SHAWN LOGAN
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-06/17/99--01052--002
***1750.00 ***1750.00

Re: CRAFTSMAN MALL LIMITED PARTNERSHIP

Dear Mr. Logan:

In connection with the above referenced limited partnership, enclosed please find the original Supplemental Affidavit of Capital Contribution along with our firm's trust account check in the amount of \$1,750.00 representing the maximum filing fee.

Should you have any questions, please call me.

Very truly yours,

Mimi Gross

MIMI GROSS

FILED
99 JUN 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enc.

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*SL
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**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF
CRAFTSMAN MALL LIMITED PARTNERSHIP**

The undersigned, as general partners of **CRAFTSMAN MALL LIMITED PARTNERSHIP**, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to §620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$ 1,294,000.00

The amount contributed and anticipated to be contributed by the limited partners is \$ 1,294,000.00


As of this 1st day of April, 1999.

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.


Craftsman Mall Limited Partnership, a Florida limited partnership

By: Craftsman Mall, Inc.,
a Florida corporation,
as General Partner

By: 
Ari Sklar, President

STATE OF FLORIDA)
) ss.:
COUNTY OF MIAMI-DADE)

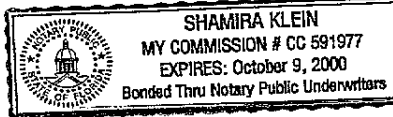
The foregoing instrument was acknowledged before me on April 1, 1999, 1999, by Ari Sklar, as President of Craftsman Mall, Inc., a Florida corporation, as General Partner of CRAFTSMAN MALL LIMITED PARTNERSHIP., a Florida limited partnership, on behalf of said limited partnership. He is personally known by me.



Notary Public,
State of Florida at Large
Name: _____
Title: _____

[NOTARIAL SEAL]

My Commission Expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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