EC F S RE N 2 200 NUM: A0100000838 ACT CONT: 990.00

: LEONE FAMILY HOLDINGS, LTD. PRINCIPAL: 1100 S.E. 5TH COURT #11

POMPANO BEACH, FL 33060-8160 ADDRESS

RA NAME : LEONE, JOSEPH E

RA ADDR : 1100 S.E. 5TH COURT #11

POMPANO BEACH, FL 33060-8160 -

ANN REP : \* NONE FILED \*\_

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

600005396216--7 -05/01/02--01002--020 \*\*\*1750.00 \*\*\*1750.00

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 16, 2002

LEONE FAMILY HOLDINGS, LTD. 1100 S.E. 5TH COURT #11 POMPANO BEACH, FL 33060-8160

SUBJECT: LEONE FAMILY HOLDINGS, LTD.

Ref. Number: A01000000838

We have received your document for LEONE FAMILY HOLDINGS, LTD. and check(s) totaling \$526.25. 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) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 902A00022438

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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

The undersigned generated	al partners of	LEONE FAMILY	HOLDINGS, L	JD.		
						, a
Florida Limited Partne Florida Statutes.	rship, executed	this supplemental af	fidavit filed p	ursuant to	section 6	520.112,
The total amount of the	capital contribu	tions of the limited t	partners is: \$ 3	,000,000	) . Т	HIS IS
ANTICIPATED.	-		-			
This <u>19th</u> day of _	APRIL		,X <b>K</b> 9X	2002	_ •	
Under penalties of perji best of my knowledge a	ury I declare tha nd belief.	tt I have read the for General Partner(s	)		•	e, to the
<b>.</b>	\$7 per \$100 Minimum Maximum				SECRETARY OF STA	PILED 02 APR 26 PM 3: 0

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314