

July 2, 2002

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Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Indian Trace Associates, Ltd.

Dear Sir/Madam:

Enclosed are the following items:

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- I. Supplemental Affidavit of Capital Contributions of the referenced limited partnership for filing with the Secretary of State of the State of Florida;
- 2. Acknowledgment Copy;
- 3. Our Firm's Real Estate Trust Account Check No. 6796 in the amount of \$1,750.00; and
- 4. Self-addressed, stamped envelope for return of file-stamped Acknowledgment Copy

Should you need anything further, please call me or Pam Kong immediately at 305-577-4177.

Thank you.

Very truly yours,

Martha E. Gonzalez Legal Assistant

Maron R

Encls.

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SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF INDIAN TRACE ASSOCIATES, LTD.

The undersigned, as general partner of INDIAN TRACE ASSOCIATES, LTD., 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 \$\\\\7.702,000.00 The amount contributed and anticipated to be contributed by the limited partners is \$<u>7,702,000.00.</u> As of this 20 day of June, 2002. 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. INDIAN TRACE ASSOCIATES, LTD., a Florida limited partnership CORNERSTONE INDIAN TRAC By: a Florida Limited liability company Vice President and Secretar STATE OF FLORIDA) ss.: COUNTY OF MIAMI-DADE The foregoing instrument was acknowledged before me on June 20 by Leon J. Wolfe, as Vice President and Secretary of CORNERSTONE INDIAN TRACE, L.L.C., a Florida limited liability company, as General Partner of INDIAN TRACE ASSOCIATES, LTD., a Florida limited partnership, on behalf of said limited partnership. He is personally known by me. RENE J. GUTIERREZ, JR. MY COMMISSION # DD 077620 State of Elorida at Large EXPIRES: December 10, 2005 nded Thru Notary Public Underwriters Name:

My Commission Expires:

Title:

[NOTARIAL SEAL]