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## TRANSMITTAL LETTER

egistration Section ivision of Corporations			
r:708 Osceola Limited Partnership			
(Name of Lim	ited Partnership)		
ed Supplemental Affidavit and fee(s) are subn	nitted for filing.		
orn all correspondence concerning this matter to	o the following:		
Michael Sweet			
(Name	of Person)		
% Decade Companies			
(Firm/	Company)		
N19 W24130 Riverwood	Drive, Suite 100		
(Ac	idress)		
	· ·		
(City/State	and Zip Code)		
information concerning this matter, please cal	11:		
ae) Sweet (Name of Person)	at ( 262 ) 522-8990 (Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, Florida 32314		
	708 Osceola Limited Partnership (Name of Lim ed Supplemental Affidavit and fee(s) are subn rn all correspondence concerning this matter t  Michael Sweet  Name  * Decade Companies (Firm/O  N19 W24130 Riverwood (Ac  Waukesha, WI 53188 (City/State  information concerning this matter, please cal  ael Sweet  (Name of Person)		

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

The undersigned go	neral partners of	-		
	Limited Partnership			,a
Florida Limited Pa Florida Statutes.	tnership, executed this supple	mental affidavit fil	ed pursuant to sect	ion 620.112,
The total amount o	the capital contributions of th	e limited partners is	s: \$ <u>1,485,000</u>	<u> </u>
This <u>16th</u> day	of <u>February</u>		2005	<del>-</del>
FURTHER AFFL	NT SAYETH NOT.			
Under penalties of best of my knowled	perjury, I declare that I have r ge and belief.	ead the foregoing c	md that the facts ar	e true, to the
	General	Partner(s)		
	Osceola GP, LLC			
	Ву:	An S	5 (a) 1 	OS FEB
	Michael Sweet, Secreta	ry		2
	\$7 per \$1000, based of contribute Minimum \$ 52.50 Maximum \$1750.00	tions		PH 3: 19

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314