

A000000000474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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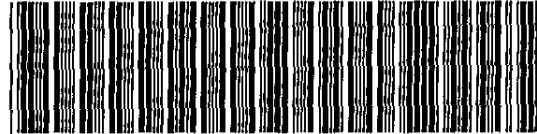
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TALLAHASSEE, FLORIDA  
CLERK OF COURT

J. BROWN APR 11 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Friends and Neighbors Title Services, LLLP  
(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:

Cheryl Leiman  
(Name of Person)

Friends and Neighbors Title Services, LLLP  
(Firm/Company)

170 East Bloomingdale Avenue  
(Address)

Brandon, Florida 33511  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Leiman  
(Name of Person)

at ( 813 ) 681-8428  
(Area Code & Daytime Telephone Number)

**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

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TALLAHASSEE, FLORIDA

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

The undersigned general partners of

Friends and Neighbors Title Services, LLLP, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

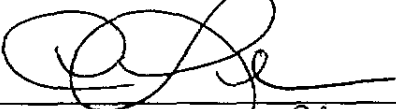
The total amount of the capital contributions of the limited partners is: \$ 35,625.00.

This 4th day of April, 2005.

**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.*

General Partner(s)

  
\_\_\_\_\_  
Cheryl Leiman  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**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  
Tallahassee, FL 32314