

A00000001247

4/24/01 . CORPORATE MAIL RECORD CREEK 8:06 AM  
NUM: A00000001267 ST:FL ACTIVE/FL LP FILE 08 14 20  
ACT CONT: 0.00  
NAME : WEST PALM HOSPITALITY, LTD.  
PRINCIPAL: 1515 N. FEDERAL HWY., SUITE 300  
ADDRESS BOCA RATON, FL 33432  
RA NAME : HAHN, JEFFREY B  
RA ADDR : 1515 N. FEDERAL HWY., SUITE 300  
BOCA RATON, FL 33432  
ANN REP : \* NONE FILED \*

MJH

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

000004064658--2  
-04/24/01--01096--019  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

FILED  
01 APR 16 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$52.50



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 2, 2001

WEST PALM HOSPITALITY, LTD.  
C/O J. HAHN CPA  
1515 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

SUBJECT: WEST PALM HOSPITALITY, LTD.  
Ref. Number: A00000001267

We have received your document for WEST PALM HOSPITALITY, LTD. and check(s) totaling \$141.25. 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.

The fee to file the supplemental affidavit is \$52.50 and the fee to file the annual report/uniform business report is \$141.25. The total fee due for both filings is \$193.75. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

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) 487-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 801A00019483

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

The undersigned general partners of West Palm Hospital, Ltd.  
\_\_\_\_\_, 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: \$ 5000.

This 11<sup>th</sup> day of April, 192001.

**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)

Michael Paul Pao

West Palm Hospital, Inc.

Michael Pao

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 16 PM 4:55

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