

# A0000000001428

July 19, 2001

Florida Department of State  
Division of Corporations  
Attention: Amendment Section  
P. O. Box 6327  
Tallahassee, Florida 32314

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-08/06/01--01087--002  
\*\*\*1281.00 \*\*\*1281.00

Re: Jarrett's Grill, Ltd.

Dear Sir or Madam:

AG-1428

Enclosed are an original and one copy of a Supplemental Affidavit of Capital Contributions for Jarrett's Grill, Ltd., a Florida limited partnership. Also enclosed is a check payable to the Florida Department of State in the amount of \$1,281.00 for the filing fee, based on \$182,500.00 of additional capital contributions made by the limited partners to the partnership.

After the Supplemental Affidavit of Capital Contributions has been filed with your office, please return the copy with the Department's stamp affixed evidencing the date of filing.

If you have any questions, please call me.

Sincerely,

David A. Jarrett

Enclosures (3)

Wg/g  
01 AUG -6 AM 9:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA  
COUNTY OF ORANGE

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared David A. Jarretta  
Member of D & K FOODSERVICE GROUP, LLC, the General Partner of JARRETT'S GRILL,  
LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), who upon being  
duly sworn, certified as follows:

The total amount of capital contributions contributed to the Partnership by the limited  
partners is \$1,182,500.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

D & K FOODSERVICE GROUP, LLC

Date: July 23, 2001

By: David A. Jarretta

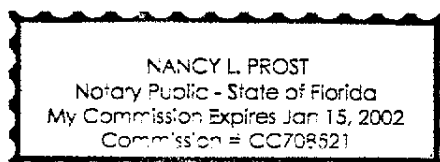
Print Name: David A. Jarretta

As its: Member

The foregoing instrument was acknowledged before me this 23rd day of July, 2001,  
by David A. Jarretta, as a Member of D & K FOOD SERVICE GROUP, LLC, a Florida limited  
liability company, on behalf of the company. Said person (check one) ☒ is personally known to me,  
☐ produced a driver's license (issued by a state of the United States within the last five (5) years  
as identification, or ☐ produced other identification, to wit: \_\_\_\_\_

Nancy L. Prost  
Print Name: NANCY L. PROST  
Notary Public, State of Florida  
Commission No.: CC 708521  
My Commission Expires: 1/15/02

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TALLAHASSEE  
STATE OF FLORIDA