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T Brumbley APR 1 4 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Brandon Title Services, LLLP		•
(Name of Limited Par	tnership)	
The enclosed Supplemental Affidavit and fee(s) are submitted for	r filing.	
Please return all correspondence concerning this matter to the following	lowing:	
Chand Laiman		
Cheryl Leiman (Name of Person)		
(11440-012-0100)	•,	
Brandon Title Service		_
(Firm/Company	')	
170 East Bloomingdale	Avenue = = 0:	2
(Address)		ΣΣ> Ω1
		72 7
Brandon, Florida 3	33511	FILED R 12 AH
(City/State and Zip Code)		in
	f i man	重し
For further information concerning this matter, please call:	AGIRCA STATE OF THE STATE OF TH	FILED 65 APR 12 AH II: 34
Ot their an	at (813) 681-8428	, ·
. Cheryl Leiman (Name of Person)	(Area Code & Daytime Telephone Num	nber)
(11mile 51.7 57555)	(1111 0000 to 2 1) Man 2010 photo 1 (1111	,

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

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general pa	tners of	
Brandon Title Services, LLLF		, a
Florida Limited Partnership Florida Statutes.	, executed this supplemental affidav	it filed pursuant to section 620.112
The total amount of the cap	tal contributions of the limited partn	ers is: \$ <u>6,000.00</u>
This day of	april	_, 200 (
FURTHER AFFIANT SA	YETH NOT.	
Under penalties of perjury, best of my knowledge and b	I declare that I have read the forego elief.	ing and that the facts are true, to th
	General Partner(s)	en e
	(X)	OS SEL
	Change Le	SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.
		2 A
		_ED
	Fees:	A F
	\$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