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NEWIGHINGS	AMENDMENTS	
Profit	Amendment	3000058785234 = -08/02/0201053022
NonProfit	Resignation of R.A., Officer/Director	-08/02/0201053022
Limited Liability	Change of Registered Agent	3000068785234 -08/02/0201053023 ****697.50 *****697.50 =
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Other	Merger	T 0
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Annual Report	Foreign	(A)
Fictitious Name	Limited Partnership	
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 16, 2002

MARANGES PARTNERS, LTD. c/o 1150 N.W. 72ND AVE. #555 MIAMI, FL 33126

SUBJECT: MARANGES PARTNERS, LTD.

Ref. Number: A0000001958

We have received your document for MARANGES PARTNERS, LTD. and check(s) totaling \$1750.00. However, your check(s) and document are being returned for the following:

The fee to file this UBR is \$1,052.50, and the fee to file the Supplemental Affidavit is \$1,750.00, totaling \$2,802.50. Send a new check in thisamount for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Coument Specialist

Letter Number: 302A00043807

Ramany To Regultration Delan Delan Wille

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Maranges Partners 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: \$
This 13t day of July , 5002.
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) 10881 NW 295T. AM 8:53 MINM F/A 33172 ORDER FLORIDA

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

Fees:

\$7 per \$1000, based on additional contributions

Minimum \$ 52.50 Maximum \$1750.00

> P.O. Box 6327 Tallahassee, FL 32314