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DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sas Cout Associates LTD (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:

(Name of Person)

STANDER A WELL

(Name of Person)

GENTY

(Firm/Company)

(Firm/Company)

(Address)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK A WEBER

at (854) 713-034\
(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

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

The undersigned go	eneral partners of					
SWS	COUR 1	1350CIATES	してり	· · · •	a	
Florida Limited Pa Florida Statutes.	rtnership, execute	d this supplemental	affidavit filed pu			
				/ <del>43</del>	6034 509	2
The total amount o	f the capital contri	butions of the limite	d partners is: \$	6034 180	£ 3	_
This Z day	of <u>Jac.</u> y		رهـخ ,	<u>~</u>	- And 100	
FURTHER AFFL	ANT SAYETH N	OT.			PH 12:	
Under penalties of best of my knowled	perjury, I declare ge and belief.	that I have read the	foregoing and th	at the facts are tr	ne, to the	
		General Partne	r(s)			
, •••	Gl	vii Proje	~y*	<u></u> e e	en de la companya de	<del>-</del>
				<u></u>		
		<del></del>		<u> </u>	Sign of the state	-
		Fees: 1000, based on addition contributions	naí			-

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Maximum \$1750.00