

A010660000100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

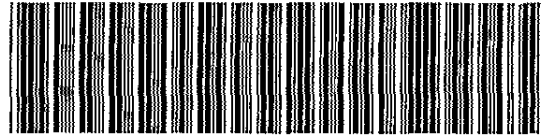
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500020874895

06/25/03--01058--006 \*\*1802.50

BK

RECEIVED

03 JUN 25 AM 11:31

STATE  
DIVISION OF  
REGISTRATION  
TALLAHASSEE, FLORIDA

FILED  
JUN 25 PM 1:57  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ED

DATE: 06-24-03

REF. #: 0151.17251

CORP. NAME: COUNTRY MANOR ASSOCIATES, LTD. A01000000100

FILED  
JUN 25 PM 1:57  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                       | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                   | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                           | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                   | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                     |   |  |
| <input checked="" type="checkbox"/> OTHER: <u>SUPPLEMENTAL AFFIDAVIT</u> |   |  |

STATE FEES PREPAID WITH CHECK# 9200 FOR \$ 1802.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials



**SUPPLEMENTAL AFFIDAVIT  
OF CAPITAL CONTRIBUTIONS OF  
COUNTRY MANOR ASSOCIATES, LTD.**

FILED  
JUN 25 PM 1:57  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA            )  
                                      )SS.  
COUNTY OF MIAMI-DADE)

Pursuant to Section 620.112 of the Florida Revised Uniform Limited Partnership Act, the undersigned, as all of the General Partners of COUNTRY MANOR ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), upon being duly sworn, deposes and says:

1. The aggregate capital contributions made by the Limited Partner of the Partnership to the Partnership is \$ 7,503,000.-.

2. It is not anticipated that the Limited Partner will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

DATED: JUNE 17, 2003

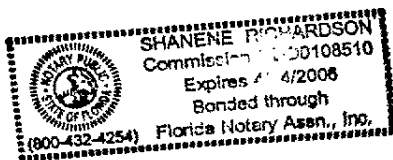
COUNTRY MANOR ASSOCIATES, LTD., a  
Florida limited partnership

By: COUNTRY MANOR ASSOCIATES, INC.,  
a Florida corporation, as sole general partner

By: [Signature]  
Luis Gonzalez, Vice President

STATE OF FLORIDA            )  
                                      )SS:  
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before me this 17 day of June, 2003, by Luis Gonzalez, as Vice President, of COUNTRY MANOR ASSOCIATES, INC., a Florida corporation, as sole general partner of COUNTRY MANOR ASSOCIATES, LTD., a Florida limited partnership, who is personally known to me or who has produced a driver's license as identification.



Shanene Richardson  
Print or Stamp Name: Shanene Richardson  
Notary Public, State of Florida  
Commission No.:  
My Commission Expires: