

AD10000000111

Map Exploration, Ltd.

(Requestor's Name)

400 Flagship Dr., Unit 207

(Address)

Naples, FL 34108

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

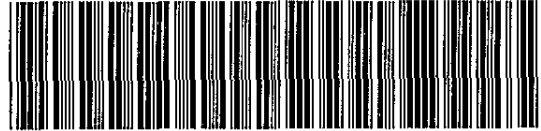
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JB
7-7-04

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

The undersigned general partners of GAP EXPLORATION, LTD

_____, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

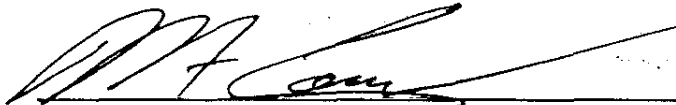
The total amount of the capital contributions of the limited partners is: \$ 199,054.

This 30TH day of APRIL, 2004.

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)



Fees:	
\$7 per \$1000, based on additional contributions	
Minimum	\$ 52.50
Maximum	\$1750.00

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