Requester's Name) P.O. BOX 5049 Address	01800000
Destro Phone #	Office Use Only
1. A01-810 Sly (Corporation Name)	MENT NUMBER(S), (if known): MJH 90005665189-7 -06/03/02-01067-010
(Corporation Name) 3(Corporation Name)	(Document #) ####138.25 ####138.25 (Document #)
4. (Corporation Name) Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	Heguire III, LLLP
	, , a
Florida Limited Partnership, execute Florida Statutes.	d this supplemental affidavit filed pursuant to section 620.112,
The total amount of the capital contri	butions of the limited partners is: \$ 19,750.
This _30 ⁷¹³ day of	y
FURTHER AFFIANT SAYETH N	от.
Under penalties of perjury I declare best of my knowledge and belief.	hat I have read the foregoing and that the facts are true, to the
	General Partner(s)
X	me Casto - SECHI TALLA
Minim	Fees: 1000, based on additional contributions m \$ 52.50 mm \$1750.00

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