## HO1000001361

(Re	equestor's Name)	
(Ac	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
- <del>\</del>	ocument Number)	
(DC	cument number;	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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		1/19
	Office Use On	y May

#1750-LP



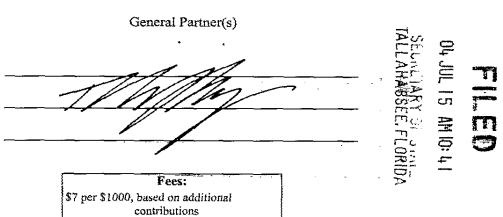
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07/15/04--01006--015 \*+1750.00

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

## 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.



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

Minimum \$ 52.50 Maximum \$1750.00