

A02000000249

JLF Family Partnership Ltd.
(Requestor's Name)

4000 Ponce de Leon Blvd.
(Address)

Suite 700
(Address)

Coral Gables, FL 33146
(City/State/Zip/Phone #)

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(Business Entity Name)

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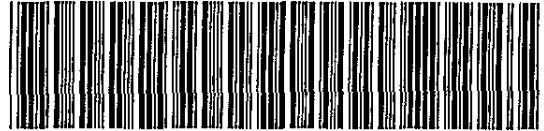
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

The undersigned general partners of JLF Family Limited Partnership, Ltd.

_____, a

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

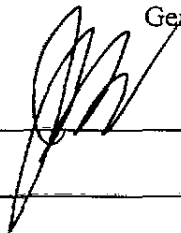
The total amount of the capital contributions of the limited partners is: \$ 5,427,500.00

This 4th day of April, 2003

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