

A02 000000920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

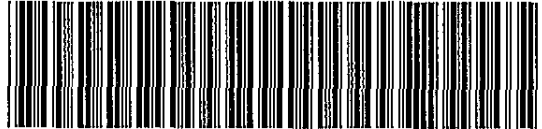
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

BK

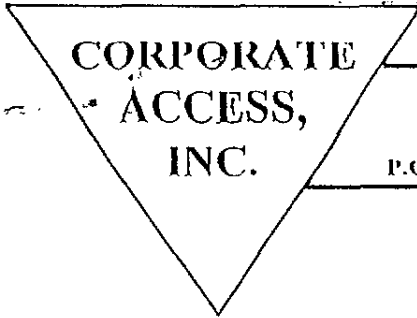
Office Use Only



900051796519

05/19/05--01038--003 **1750.00

FILED
05 APR 29 PM 6:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



A02000000920

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

4/29/05 *[Signature]*

☐ CERTIFIED COPY

☐ CUS

☒ PHOTO COPY

☒ FILING

[Signature]

1.) TSCPR Family Partnership #5
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

FILED
05 APR 29 PM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 APR 29 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned general partners of

TSCPR Family Partnership #5, Ltd.

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 820.112,
Florida Statutes.

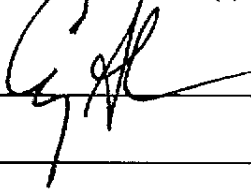
The total amount of the capital contributions of the limited partners is: \$ 577,665.08

This 13th day of April, 2005

FURTHER AFFLIANT 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

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

FILED
05 APR 29 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA