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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

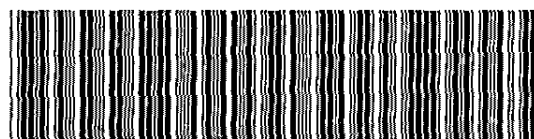
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 31 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LYTAL FAMILY LIMITED PARTNERSHIP II
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAKE LYTAL JR
(Name of Person)

THE LYTAL FAMILY LIMITED PARTNERSHIP II
(Firm/Company)

1030 SEA ACRES WAY
(Address)

JUNO BEACH FL 33048
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM L DEBAY CPA at (561) 689-2553
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

The undersigned general partners of

THE LYTAL FAMILY LIMITED PARTNERSHIP II

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.11, Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 1,120,197

This 16TH day of AUGUST, 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)

[Signature]
[Signature]

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

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