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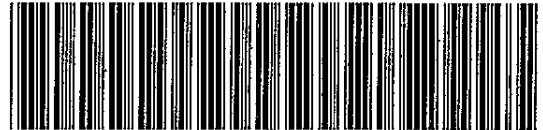
(Business Entity Name)

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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

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

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Affidavit

Sembler E.D.P. Partnership #19, Ltd.

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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TALLAHASSEE FLORIDA

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

The undersigned general partners of _____

SEMBLER E.D.P. PARTNERSHIP # 19, LTD., a

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

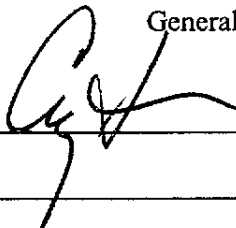
The total amount of the capital contributions of the limited partners is: \$ 173,250.00

This 25th day of APRIL, 2003.

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**

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