

A02000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

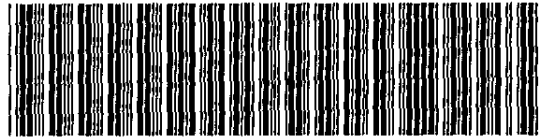
(Document Number)

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STATE  
TALLAHASSEE  
FLORIDA

04 DEC 16 PM 4:06

FILED

R3K

+ 1802-50

AU2000001344

ATTORNEY'S TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/ST/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SAXON CROSSING PARTNERS

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

STATE OF FLORIDA  
TALLAHASSEE

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Examiner's Initials

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR  
SAXON CROSSING PARTNERS, LTD.  
a Florida limited partnership**

The undersigned, the sole General Partner of SAXON CROSSING PARTNERS, LTD., a Florida limited partnership, executed this Supplemental Affidavit filed pursuant to Section 620.176, *Florida Statutes*. The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is \$1,340,000.00.

Dated this 13~~th~~ day of December, 2004.

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct to the best of my knowledge and belief.

SAXON CROSSINGS, ~~LLC~~  
a Florida ~~limited liability~~ company  
as sole General Partner

By: \_\_\_\_\_

Michael A. Collard, Manager

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STATE  
TALLAHASSEE, FLORIDA