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\$1750-LP

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY MAGUIRE, LLLP
(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:

Robert E. Harley, Controller or Debi Frye, Asst to Controller
(Name of Person)

Liberty Investment Properties, Inc.
(Firm/Company)

310 W Central Pkwy, Ste 7000
(Address)

Altamonte Springs, FL 32714
(City/State and Zip Code)

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For further information concerning this matter, please call:

Rob Harley or Debi Frye
(Name of Person)

at () 407-774-8818 ext 26
(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

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

The undersigned general partners of

LIBERTY MAGUIRE, LLP

, 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: \$ 352,735.⁰⁰

This 8th day of FEBRUARY, 2005

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)

X Wm. Michael Mikkelsen

Wm. Michael Mikkelsen, General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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