

A020000061382

Traylor Family Limited Part

(Requestor's Name)

5075 Lincolnshire Road

(Address)

Jacksonville, FL 32217

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

4/18
[Signature]

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

The undersigned general partners of TRAYLOR FAMILY LIMITED PARTNERSHIP

_____, a

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

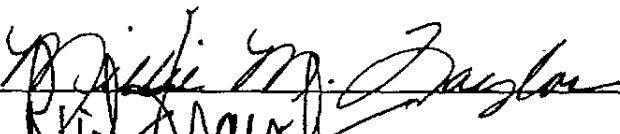
The total amount of the capital contributions of the limited partners is: \$ 80,000

This 1st day of MARCH, 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)



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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**