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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
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, (Do	ocument Number)	
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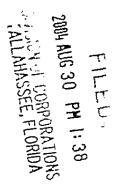
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J. BRYAN AUG 3 1 2004

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	A HOLD		
SUBJECT: NICICOSA LIMITED PARTNERS4/A			
(Name of Limited Partnership)	\$ C. C.		
The enclosed Supplemental Affidavit and fee(s) are submitted for filing.	SEE FLORING		
Please return all correspondence concerning this matter to the following:			
	9		
FEDERICO GONZALEZ, CPA			
(Name of Person)			
MCK'S CIGAN COMPANY (Firm/Company)			
(Firm/Company)			
5150 NW 1675T			
(Address)			
MIAZEAN FC 33014			
	<u> </u>		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
F GONZAIEU at (705) 627	time Telephone Number)		
(Name of Person) (Area Code & Day	time 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

The undersigned general partners of **MICIONSA** LIMITED PARTNERSHIP** 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: \$ 4000.00. This **Mark affiant sayeth not.** FURTHER AFFIANT SAYETH NOT.

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

General Partner(s)

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the

NICHOLAS I PERDOMO, GRANTAR

Fees:

\$7 per \$1000, based on additional contributions

Minimum \$ 52.50 Maximum \$1750.00

best of my knowledge and belief.

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314