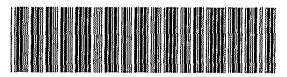
## -03000000338

(Re	questor's Name)		
(Add	dress)		_
(Add	dress)		<u></u>
(City	y/State/Zip/Phone	∋ #)	
PICK-UP	TIAW [	MAIL	
(Bus	siness Entity Nan	ne)	_
(Doc	cument Number)	<u>-</u>	_
Certified Copies	Certificates	of Status	<u>.</u> ,
Special Instructions to F	Filing Officer:		1
			1)

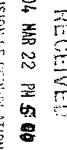
Office Use Only

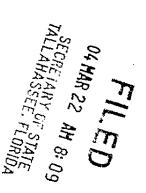


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DIVISION OF CORPORATION





CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING CÖVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/22/04

REF. #: 0151.24655

CORP. NAME: SAVANNAH COVE LIMITED PARTNERSHIP

( ) ARTICLES OF INCORPORATION

Examiner's Initials

( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAM	ME
•	( ) LIMITED PARTNERSHIP		ITY
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF CANCELLATION	ON		
( XX ) OTHER: SUPPLEMENTAL	AFFIDAVIT		
	VITH CHECK# <u>10777</u> FOR \$ <u>1</u> ACCOUNT IF TO BE DEBITI COST L		
PLEASE RETURN:			
( XX ) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STA	NDING ( )	PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS			

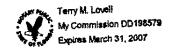
( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

## SUPPLEMENTAL AFFIDAVIT

## OF CAPITAL CONTRIBUTIONS OF

## SAVANNAH COVE LIMITED PARTNERSHIP

STATE OF FLURIDA	)	また。 1000年 100日 100日 100日 100日 100日 100日 100日			
COUNTY OF HILLSBOROUGH	)SS. )	SEE OF THE			
undersigned, being the sole General	Partner of SAV	Revised Uniform Limited Partnership Act the VANNAH COVE LIMITED PARTNERS FINP, ho upon being duly sworn, deposes and says:			
1. The aggregate capital Partnership to the Partnership is \$7,3		nade or to be made by the Limited Partner of the			
2. It is not anticipated that the Limited Partner will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.					
DATED: March <u>/7</u> , 2004	-				
		GHG SAVANNAH COVE LLC, a Florida limited liability company, as sole General Partner			
		By: The Gatehouse Group, Inc., a Massachusetts corboration, its sole Manager  By: Marc S. Plonskier, President			
STATE OF FLORIDA	)				
COUNTY OF HILLSBOROUGH	)	,			
The foregoing instrument was acknowledged before me this					
Print or Stamp Name: Notary Public, State of Florida at Large Commission No.: My Commission Expires:					



OWNER OF BLOOM