

A03 000000669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

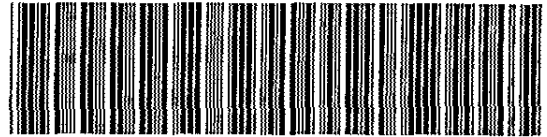
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LAWRENCE B. STEINBERG

EMAIL: [LBS@ADORNO.COM](mailto:LBS@ADORNO.COM)

October 9, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Brookside Tampa Apartments, Ltd.

Dear Sir/Madam:

Enclosed please find one original and one copy of Supplemental Affidavit of Capital Contributions for a Florida Limited Partnership and a check for \$1,750.00. Please date stamp the copy and return to us in the enclosed envelope.

Thank you for your assistance with this matter.

Very truly yours,

  
Mindy Stein  
Paralegal for Lawrence B. Steinberg

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

COUNTY OF PALM BEACH  
STATE OF FLORIDA

Before me the undersigned authority, personally appeared Ronald Eisenberg, President of Brookside GP Inc., a Florida corporation, the general partner of BROOKSIDE TAMPA APARTMENTS, LTD., a Florida limited partnership, who, being first duly sworn, on oath deposes, states and certifies:

1. The amount of capital contributions to date of the limited partners is \$ 2,560,000.00.
2. Affiant further states that he is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has read, or has heard read to him, the full facts of this Affidavit and understands its contents.

Dated this 9 day of October, 2003.

By: [Signature]  
Ron Eisenberg, President of Brookside GP Inc.,  
General Partner of Brookside Tampa Apartments, Ltd.

SWORN TO AND SUBSCRIBED AND ACKNOWLEDGED before me this 9 day of October, 2003, by Ronald Eisenberg, as President for and on behalf of Brookside GP Inc., a Florida corporation, general partner of Brookside Tampa Apartments Ltd, who is personally known to me or produced \_\_\_\_\_ as identification.

[Signature]  
Notary Public State of Florida

(seal)

My Commission Expires:



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