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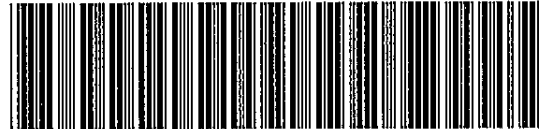
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandall Hale Family Partnership, Ltd.
(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:

Edward W. Sandall
(Name of Person)

Sandhale, Inc.
(Firm/Company)

5200 North Flagler Drive, Apt. 1501
(Address)

West Palm Beach, FL 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward W. Sandall
(Name of Person)

at 561-842-7943
(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

Sandall Hale Family Partnership, Ltd., 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: \$ 780,929.

This 21st day of April, 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)



Sandhale, Inc.

by Edward W. Sandall, President

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

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TALLAHASSEE, FLORIDA