

A03000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700052291777

05/03/05--01020--024 \*\*1750.00

FILED

05 MAY -2 0110:46

STATE  
OF  
IDAHO

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Molisana Partners Limited Partnership  
(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:

Joseph Deluca

(Name of Person)

Deluca Homes

(Firm/Company)

107 Floral Vale Blvd

(Address)

Yardley, PA 19067

(City/State and Zip Code)

STATE  
FLORIDA

05 MAY -2 11:10:46

FILED

For further information concerning this matter, please call:

Joseph Deluca

(Name of Person)

at (267) 756-1503

(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

Molisana Partners 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: \$ 4264,259.

This 28<sup>th</sup> 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)

Afonso DeLuca  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
05 MAY - 2 20 10:46  
STATE  
TALLAHASSEE, FLORIDA

**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