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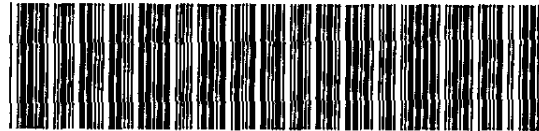
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSL TOWN CENTER MS GROUP, 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:

MAX SHAPIRO

(Name of Person)

SOUTHCOAST, INC

(Firm/Company)

PO BOX 3059

(Address)

STUART, FL 34995

(City/State and Zip Code)

For further information concerning this matter, please call:

CINDY ORR

(Name of Person)

at (772) 286-6292

(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

PSL TOWN CENTER MS GROUP, 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: \$ 1,000,200.

This 20 day of JULY, 2004.

FURTHER AFFLANT 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)



Fees:
\$7 per \$1000, based on additional contributions
Minimum \$ 12.50
Maximum \$1750.00

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