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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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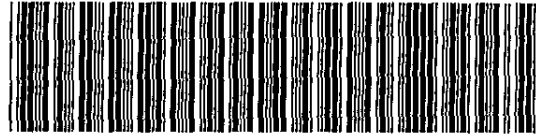
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grandeville on Saxon Capital 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:

Katie Hoffman  
(Name of Person)

Euro American Advisors, Inc.  
(Firm/Company)

4300 West Cypress St., Suite 1075  
(Address)

Tampa, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Hoffman  
(Name of Person)

at ( 813 ) 353-8800  
(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

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OF FLORIDA

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

The undersigned general partners of

Grandeville on Saxon Capital 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: \$ 1,550,040.00.

This 22nd 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)

Michael E. Spiker, EVP

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**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**