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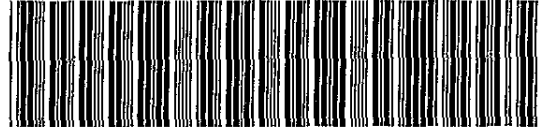
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ADORNO & YOSS
A PROFESSIONAL ASSOCIATION
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FLORIDA 33432
PHONE: (561) 393-5660, FAX: (561) 338-8698
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Lawrence B. Steinberg, Esq.

E-mail: lbs@adorno.com

May 26, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

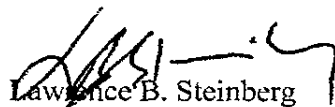
Re: Harbour Walk Tampa Apartments, Ltd.
Harbour Walk Investment Limited Partnership
Windwood Oaks Tampa Apartments, Ltd.
Windwood Oaks Investment Limited Partnership

Dear Sirs:

In connection with each of the above referenced Florida limited partnerships, please find enclosed Supplemental Affidavit of Capital Contributions, together with a check from each in the amount of \$1,750.00.

Yours very truly,

Adorno & Yoss, P.A.


Lawrence B. Steinberg

LBS/dc

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**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 Harbour Walk GP Inc., a Florida corporation, the general partner of HARBOUR WALK INVESTMENT LIMITED PARTNERSHIP, 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 \$ 3,365,242.00.
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 23 day of April, 2004.

By: [Signature]
Ron Eisenberg, President of Harbour Walk GP Inc.,
General Partner of Harbour Walk Investment Limited Partnership

SWORN TO AND SUBSCRIBED AND ACKNOWLEDGED before me this 23 day of April, 2004, by Ronald Eisenberg, as President for and on behalf of Harbour Walk Inc., a Florida corporation, general partner of Harbour Walk Investment Limited Partnership, who is personally known to me or produced _____ identification.

[Signature]
Notary Public State of Florida

(seal)

My Commission Expires:



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