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SECKETARY OF STAIL
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUNCOR COLONIAL PROPERTIES, LTD	·		
(Name of Limited Partnership)			
The enclosed Supplemental Affidavit and fee(s) are submitted for fi	ling.		
Please return all correspondence concerning this matter to the follow			
POPERATURE DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA			
ROBERT HORIAN (Name of Person)			
(Name of Person)	FILED M 8: 21 S NPR 21 M 8: 21 ALLAHASSEE FLORID		
SUNCOR COLONIAL GENERAL, INC.	700 00		
(Firm/Company)			
550 N. PALMETTO AVE.	ř		
(Address)			
SANFORD, FL 32771			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ROBERT HORIAN at (Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general par	rtners of	
SUNCOR COLONIAL PROPE Florida Limited Partnership. Florida Statutes.	ERTIES, LTD , executed this supplemental affidavit	filed pursuant to section 620.112,
The total amount of the capit	tal contributions of the limited partners	is: \$ 600,000.00
This 15 day of APRIL	,	2005 .
FURTHER AFFIANT SAY	TETH NOT.	
Under penalties of perjury, I best of my knowledge and be	declare that I have read the foregoing lief.	<u>— — — — — — — — — — — — — — — — — — — </u>
	General Partner(s)	FILED AM APR 21 AM ARASSEE FL
SUNCOR	COLONIAL GENERAL, INC.	
PRESIDE	A A A A A A A A A A A A A A A A A A A	
	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