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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD VISTA 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:

JOHN C. ELLIOTT
(Name of Person)

EMERALD VISTA, INC.
(Firm/Company)

22 PELICAN ISLE
(Address)

FT. LAUDERDALE, FLORIDA 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP A DISQUE
(Name of Person)

at (954) 764-4500
(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

EMERALD VISTA LIMITED PARTNERSHIP, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

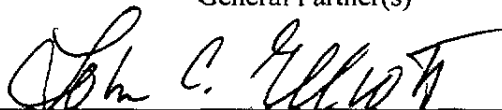
The total amount of the capital contributions of the limited partners is: \$ 233217.00

This 17TH day of MARCH, 2005

FURTHER AFFLIANT 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 \$ 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

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