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2005 APR 29 PM 2: 19

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2016 APR 29 PM 2: 19

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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: SUNCOR ISLAND PROPERTIES, LTD (Name of Limited Partnership)	
(Name of Emilies Pathership)	
The enclosed Supplemental Affidavit and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERT HORIAN	
(Name of Person)	黑阳
SUNCOR ISLAND GENERAL, INC.	PILE PR 29 F
(Firm/Company)	表 2 =
550 N. PALMETTO AVE.	FILEU IPR 29 PM
(Address)	世紀 25
SANFORD, FL 32771	PM 2: 19 PM 2: 19 SEE, FLORIDA
(City/State and Zip Code)	Q7
For further information concerning this matter, please call:	
ROBERT HORIAN at ( ) 407-688-7644	
(Name of Person) (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 ge	neral partners of		
SUNCOR ISLAND P	ROPERTIES, LTD		, a
Florida Limited Par	tnership, executed this supplementa	l affidavit filed pursuant	to section 620.112,
Florida Statutes.			
The total amount of	the capital contributions of the limit	ed partners is: \$ <u>2,000,0</u>	00.00
This 15 day o	f_APRIL	2005	
FURTHER AFFIA	NT SAYETH NOT.		
Under penalties of p best of my knowledg	erjury, I declare that I have read the e and belief.	e foregoing and that the	facts are true, to the
	General Partne	er(s)	<i></i> ,
<u>\$</u>	UNCOR ISLAND GENERAL, INC.		PILED 2005 APR 29 PM 2: 19
F	PRESIDENT, ROBERT HORIAN		20 戸
<del>-</del> -	Allen		FILED IPR 29 PM 2 LAHASSEE, FL
	Fees: \$7 per \$1000, based on addition contributions Minimum \$ 52.50 Maximum \$1750.00	onal	ATIONS ORNDA

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