A04000004494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300051796573

05/19/05--01038--009 **52.50

FILED
05 APR 29 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A04000060494

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 4/29/05 Glenda

___CERTIFIED COPY _____ ___CUS _____

___PHOTO COPY _____ V FILING Affidavit

1.) Sembler Family Partnership #32
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
05 APR 29 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS _____

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

FILED
05 APR 29 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners of

Sembler Family Partnership #32, Ltd., 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: $ 4,950.00 .

This 13th 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)

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