A04000001138

2005 JUL	L 18 P 2: 32
(Requestor's Name) SECRE	TY OF STATE
(Address)	500057002945
(Address)	000001002010
(City/State/Zip/Phone #)	07/11/0501052082 **63.20
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
M. \	

Office Use Only

FILED

TRANSMITTAL LETTER

2005 JUL -8 P 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section Division of Corporations

SUBJECT: 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:

(Name of Person)

(Specific LTD)

(Firm/Company)

333 Tamiani Trail South Suite 101

Venice F 3485 (City/State and Zip Code)

For further information concerning this matter, please call:

Robin Altman (Name of Person)

at (941) 441-1651 (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 AD FLORIDA LIMITED PARTNERSHIP

2005 JUL -8 P 2: 32

ORIDA

The undersigned general partners of	TALLAHASSEE, FL
GPSC, LTD Florida Limited Partnership, executed this supplemental affidavit filed pursuant Florida Statutes.	, a to section 620.112,
The total amount of the capital contributions of the limited partners is: $$990$	<u> </u>
This 5th day of May, 2005	<u>.</u> .

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