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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

increasing contributions
to $13,000.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACES OF JACKSONVILLE, LTD.
(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:

Amy S. Hubert, M.D.
(Name of Person)

FACES OF JACKSONVILLE, LTD dBA FACES MED.
(Firm/Company)

13716 VICTORIA LAKES DRIVE
(Address)

JACKSONVILLE, FL 32246
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy or Rob Hubert
(Name of Person)

at (904) -757 -0991 /0995
(Area Code & Daytime Telephone Number)
904 -612- 4976

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

INHS20(5/04)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of

FACES OF JACKSONVILLE, 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: $ 13,000.

This 1st 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.

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TALLAHASSEE, FLORIDA

General Partner(s)

ACADEMY CAPITAL, INC.

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