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(Business Entity Name)

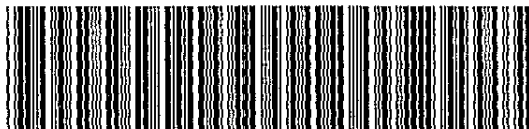
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JAN 10 2006
FEB 10 2006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CRYOTHERAPY PARTNERS I, 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:

Robert Rappel, DO, Esquire
(Name of Person)

Rappel & Rappel, P.A.
(Firm/Company)

1515 Indian River Boulevard, Suite A 210
(Address)

Vero Beach, Florida 32963-7103
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, DO, Esq.
(Name of Person)

at (772) 778.8885
(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

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TALLAHASSEE, FLORIDA

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

FLORIDA CRYOTHERAPY PARTNERS I, 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: \$ 56,000.00.

This 1st day of February, 2005.

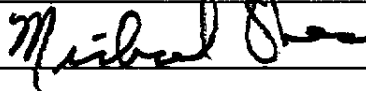
FURTHER AFFIANT SAYETH NOT.

*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)

American Urological Enterprises, LLC

Michael Shea, Member Manager



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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