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2005 MAR 28 P 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

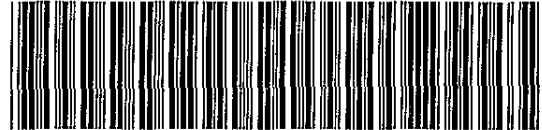
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SMIGIEL PARTNERS XXIV, LTD.

P. O. BOX 540669.
Lake Worth, FL 33454

Gary Smigiel, L.C.
General Partner

Phone: 561-968-3605
Fax: (561) 968-3601

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is our Certificate of Limited Partnership form designating the Registered Agent, an Affidavit of Capital Contributions for Florida Limited Partnership and a check in the amount of \$148.75. Please issue us a certified copy and a certificate under seal.

If you have any questions, I can be reached at the address and phone number shown above.

Please advise me upon receipt.

Sincerely,



Gary Smigiel, L. C.
General Manager

Enc.

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"Limited
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

He . . .

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He . . .

Ms _____

Ms _____

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

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The undersigned constituting all of the general partners of Smigiel Partners XXIV, Ltd.
a Florida Limited Partnership, certify:


The amount of capital contributions to date of the limited partners is \$ 3,000.00.

The total amount contributed and anticipated to be contributed by the limited partners
at this time totals \$ 3,000.00.

Signed this 24 day of March, 2005

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.



Gary Smigiel, L. C. General Partner
by Gary Smigiel, Manager