

Requestor's Name  
 Address  
 City/State/Zip Phone #

**A32242**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 00 JUL -7 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FF \$60.75



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

June 12, 2000

**SECOND CUMBERLAND AVENUE PARTNERS, LTD.**  
**% H. DEAN ROWE**  
**100 EAST MADISON STREET, SUITE 200**  
**TAMPA, FL 33602**

**SUBJECT: SECOND CUMBERLAND AVENUE PARTNERS, LTD.**  
**Ref. Number: A32242**

We have received your document for **SECOND CUMBERLAND AVENUE PARTNERS, LTD.** and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 900A00033341

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The undersigned general partners of Second Cumberland Avenue  
Partners Ltd. - Document # A32242, 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: \$ 173,444.00

This 25<sup>th</sup> day of APRIL, 2000.

**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)

~~Rick D. Rowe~~  
RIK D. ROWE, PRESIDENT  
ROWE INVESTMENTS, INC. GEN PARTNER

**Fees:**

\$7 per \$1000, based on additional  
contributions  
Minimum \$ 52.50  
Maximum \$1750.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314