

# A93000000379

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 17 AM 9:55

CFI Royal Plaza, Ltd.

(Requestor's Name)

5601 Windhover Dr.

(Address)

Orlando, FL 32819

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. CFI Royal Plaza, Ltd. / A93000000379

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ 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

300002118453--3  
-03/19/97--01116--001  
\*\*\*2291.25 \*\*\*1750.00

C. TAX \_\_\_\_\_  
FILING 1750.00  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
TOTAL 1750.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

Examiner's Initials

8/19/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 24, 1997

CFI ROYAL PLAZA, LTD.  
5601 WINDHOVER DR  
ORLANDO, FL 32819

SUBJECT: CFI ROYAL PLAZA, LTD.  
Ref. Number: A93000000379

We have received your document for CFI ROYAL PLAZA, LTD. and your check(s) totaling \$541.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in block 5b or 8b 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.

The fee to file the supplemental affidavit is \$1750.00 and the fee to file the annual report is \$541.25. The total fee due for both filings is \$2291.25. Please return the supplemental affidavit and the annual report together with the appropriate fee.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6967.

Kenny Manning  
Corporate Specialist

Letter Number: 397A00009584



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DIVISION OF CORPORATIONS

97 MAR 17 AM 9:55

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

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

The undersigned general partners of CFI ROYAL PLAZA, INC.  
\_\_\_\_\_, 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: \$ 9,305,038.00.

This 26 day of MARCH, 19 97.

***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)

CFI PLAZA, INC.

5601 WINDHOVER DR. ORLANDO, FL. 32819

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)