· Rever Orchids Investment Corp.
Requestor's Name 3250 Mary Street, 54h Ploor 97 DEC 22 PH 2: 46 City/State/Zip Phone # Office Use Only w. Peter Temling (305) 445-2493 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Kiver Orchids Associates US / A93-724 (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy ■ Walk in Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Amendment Profit Resignation of R.A., Officer/Director NonProfit 000002394270--9 £ -01/08/98--01088--004 : 7 ***1464.05 *****922.80 : 1 Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION: C. TAX 92280 Annual Report Foreign R. AGENT FEE.... Fictitious Name C. COPY -Limited Partnership Name Reservation TOTAL -N. BANK-Reinstatement BALANCE DUE Trademark REFUND. Other CORAPCONCH

Examiner's Initials

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of <u>River Orchids Associates</u>, <u>Ltd.</u>, 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 \$1,137,336.35.

This 15th day of December, 1997.

FURTHER AFFIANT SAYETH NAUGHT.

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

River Orchids Investment Corp.

W. Peter Temling, Secretary

Fees: \$7 per \$1000, based on the additional contributions Minimum \$52.50 - Maximum \$1750.00

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SECRETARY OF STATE DIVISION OF CORPORATIONS