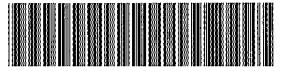
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

Division of Corporations SUBJECT: Wilroad Associates Limited Partnership (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: Betsy von Schilgen (Name of Person) Heitman LLC (Firm/Company) 191 North Wacker Drive, Suite 2500 (Address) Chicago, Illinois 60606 (City/State and Zip Code) For further information concerning this matter, please call: Ę. 8 Betsey von Schilgen at (312 ) 541-6769 (Name of Person) (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

TO:

Registration Section

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

the undersigned general partners of				
WILROAD ASSOCIATES LIMITED PA	RTNERSHIP *		, a	
Florida Limited Partnership, executed this Florida Statutes.	supplemental affidavit fi	iled pursuant t		20.112,
The total amount of the capital contribution	ns of the limited partners i	is: \$ <u>84,836</u>	,404	-
This 31 <sup>st</sup> day of March		2005 .	r - 1	
FURTHER AFFIANT SAYETH NOT.				
Under penalties of perjury, I declare that s best of my knowledge and belief.	I have read the foregoing	and that the fa	₹	e, to the
	General Partner(s)		2005 APA SECRETA LLAHAS	1
auch m 7	mal)		SEE 19 19	
Wilroad, Inc., g	eneral partner		P # 18  OF STATE  FLORIDA	
By: Anthony M. F	errante, Vice Presi	ident		
	Fees:			

contributions
Minimum \$ 52.50
Maximum \$1750.00

\$7 per \$1000, based on additional

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