A95000001877

**1750.00

Wilvard Assistes Umita (Requestor's Name) To Gail Carey (Address) [80 N Lasalle St, #3400 (Address) Chicago L Lovol (City/State/Zip/Phone #)	19 19 19 19 19 19 19 19 19 19 19 19 19 1
(Business Entity Name) (Document Number)	02/18/0301068010 **1
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SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	Wilroad Associates Limited Partnership		
			,a
Florida Limited Partnership, executed Florida Statutes.	this supplemental affidavi	t filed pursuant to s	,
The total amount of the capital contrib	outions of the limited partne	ers is: \$ <u>83,940,11</u>	<u>17</u> .
This _// day of February			
FURTHER AFFIANT SAYETH NO	or.		
Under penalties of perjury I declare the best of my knowledge and belief.	nat I have read the foregoin	ng and that the facts	are true, to the
	General Partner(s)		
Wilroad, Inc.,	general partner		
By: Thomas M.	Burdi, Vice Preside	ent	03 <u>r</u>
Thorn	n Bule		FEB 18
\$7 per \$16	Fees: 000, based on additional contributions \$ 52.50		3 A" 9:45

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Maximum \$1750.00