

: BLUE ANGEL LIMITED PARTNERSHIP

PRINCIPAL: C/O THE RICHMAN GROUP OF FLORIDA

ADDRESS 120 S. OLIVE AVE. SUITE 300

WEST PALM BEACH, FL 33401

RA NAME : WOLFE, LEON J ESQ.

: C/O BERMAN, WOLFE & RENNERT, P.A. RA ADDR

100 S.E. 2ND STREET, 3500 INTERNATIONAL PL

MIAMI, FL 33131-2130 US

: (1997) I 12/20/96 (1998) I 03/11/98 (1999) I 11/23/98 ANN REP

CHANGED: 11/23/98

ADDR CHG: 05/02/96

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

***1750.00 ***1750.00...

FF-\$1750,00



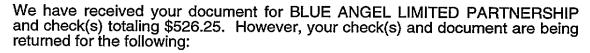
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 17, 2000

BLUE ANGEL LIMITED PARTNERSHIP C/O THE RICHMAN GROUP OF FLORIDA 120 S. OLIVE AVE. SUITE 300 WEST PALM BEACH, FL 33401

SUBJECT: BLUE ANGEL LIMITED PARTNERSHIP

Ref. Number: A95000001932



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: 800A00027814



SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	BLUE	ANGEL	LIMITED	PARNAR	-54717
				, a	ı
Florida Limited Partnership, executed the Florida Statutes.	his suppleme	ntal affidavit	filed pursuant	to section 62	0.112,
The total amount of the capital contribut	ions of the li	nited partners	s is: \$ <u>4. 534</u>	<u>057</u> .	
This 24 to day of APRIL		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	19/2000	, •	
FURTHER AFFIANT SAYETH NOT	•				
Under penalties of perjury I declare that best of my knowledge and belief.	t I have read	the foregoing	and that the fac		
	General Pa	rtner(s)		SECRE!	00 AUG -1
Clock d.	Kapis	_		٠٠٠٠	
ASSISTANO -	,			FLORI	M 8: 46
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Fees:

\$7 per \$1000, based on additional contributions

Minimum \$ 52.50 Maximum \$1750.00

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

P.O. Box 6327 Tailahassee, FL 32314