4/13/01 CORPORATE DETAIL RECORD SCRIEN 10:3 AM
NUL: 0600000013 AF AFIVE/FILP FID: 01 19/1996
LIST: CONTRIBUTE HACE
ACT CORF: 2.375.000.00 FEI#: 65-0631599

NAME : BLAND FAMILY PARTNERS, LTD.

PRINCIPAL: 1331 NORTH LAWNWOOD CIR. ADDRESS FORT PIERCE, FL 34950

MAILING : P.O. BOX 1150

ADDRESS FORT PIERCE, FL 34954-1150

RA NAME : BLAND, LINDA I

RA ADDR : 1331 NORTH LAWNWOOD CIR.

FORT PIERCE, FL 34950 US

ANN REP : (1998) I 09/30/97 (1999) I 12/21/98

-

CHANGED: 05/04/00

(2000) I 05/04/00

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

400004009004--1 -04/13/01--01099--028 ***2276.25 ***1750.00

FILED WYSTALLAHASSEE FLORIDA

FF \$1750.00

P



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 16, 2001

BLAND FAMILY PARTNERS, LTD. P.O. BOX 1150 FORT PIERCE, FL 34954-1150

SUBJECT: BLAND FAMILY PARTNERS, LTD.

Ref. Number: A9600000130

We have received your document for BLAND FAMILY PARTNERS, LTD. and your check(s) totaling \$2276.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your supplemental affidavit shows the contributions changed to \$3,626,000, but your uniform business report shows \$3,700,000. The amounts should match so please change one to match the other. Please be sure to return the original affidavit and report forms as they are validated with the money you submitted. Please return them together, with a copy of this letter also attached.

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 (850) 487-6958.

Lee Rivers Document Specialist

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned ge	neral partners of	Bland Fami	ly Partners,	LTD
				,a
Florida Limited Par Florida Statutes.	rtnership, executed thi	is supplemental affid	avit filed pursuant to	section 620.112,
The total amount of	the capital contribution	ons of the limited part	ners is: \$ 3,700,0	200,
This 31st day	of <u>December</u>	-	, 2\$	-• ,
FURTHER AFFL	ANT SAYETH NOT.			
Under penalties of p best of my knowled	perjury I declare that i ge and belief.	I have read the forego	oing and that the fact	s are true, to the
		General Partner(s)	1.	
-				OT APR
•		T		26 AM
,	\$7 per \$1000 Minimum \$ Maximum \$			8:35 FLORIDA

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