

A96000001490

Robert S. Hightower

Requestor's Name

P.O. Box 41165

Address

Tallahassee, FL 32315-

City/State/Zip

Phone # 4145

100002772341--9

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****282.80 ****282.80

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) *2/8*
2. _____ (Corporation Name) _____ (Document #)
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☐ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB - 9 PM 2:12

A96000001490

Examiner's Initials *MAA*



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 28, 1999

ROBERT S. HIGHTOWER
P.O. BOX 4165
TALLAHASSEE, FL 32315-4165

SUBJECT: COUNCIL FAMILY LIMITED PARTNERSHIP
Ref. Number: A96000001490

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The Certificate of Amendment and check for \$52.50 for COUNCIL LIMITED PARTNERSHIP has been received and filed, however, you state in the Certificate that the contributions will increase by \$40,400, to do this, you must file a Supplemental Affidavit and pay the filing fee of \$282.80. The application is enclosed, please complete and submit with the fee.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 499A00003883

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

The undersigned general partners of COUNCIL LIMITED PARTNERSHIP

_____, 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: \$ 850,000.00.

This 4th day of February, 19 99.

FURTHER AFFIANT SAYETH NOT.

*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(s)

Edmond C. Council, Sr.

EDMOND C. COUNCIL, SR.

Winnie P. Council

WINNIE P. COUNCIL

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

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RECEIVED
DIVISION OF REVENUE