

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-3173

FILING COVER SHEET
ACCT. #FCA-14

A9600000/6/2

CONTACT: CINDY HICKS

DATE: 2/9/00

700003129327--D
-02/09/00--01046--010
***1750.00 ***1750.00

REF. #: 0163-10554

CORP. NAME: John C. Elliott Family
Limited Partnership

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: Supplemental Affidavit

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 PM 3:57

STATE FEES PREPAID WITH CHECK# 2725 FOR \$ 1750.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

Examiner's Initials

B/K 2/9/00

RECEIVED
00 FEB -9 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304
☒ PLAIN STAMPED COPY

SUPPLEMENTAL
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, **JOHN C. ELLIOTT**, the sole General Partner of **JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certify as follows:

1. The Limited Partners have contributed a total of **\$1,970,000** of capital to the Partnership.


2. It is anticipated that **no** additional capital shall be contributed by the Limited Partners in the future.

This 7 day of Feb, 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


General Partner:



JOHN C. ELLIOTT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 7th day of February, 2000 by **JOHN C. ELLIOTT**, as General Partner of John C. Elliott Family Limited Partnership, on behalf of the limited partnership, who is personally known to me or has produced Florida Driver license as identification.



NOTARY PUBLIC

Name: BRENDA T. MIKE

Commission No. CC799960

My Commission Expires: 12/30/02

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