

A96000001756

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 13 AM 11:49

1/14/97 CORPORATE DETAIL RECORD SCREEN
NUM: A96000001756 ST:FL ACTIVE/FL LP FLD: 09/23/1996
ACT CONT: 100.00
NAME : NEWPORT PARTNERS XXXI, LTD.
PRINCIPAL: 300 INTERNATIONAL PARKWAY, SUITE 270
ADDRESS HEATHROW, FL 32746
RA NAME : CAHALL, PETER S
RA ADDR : 300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW, FL 32746
ANN REP : * NONE FILED *

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-01/17/97--01036--020
***2326.25 ***1750.00

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

A96000001756

Name	OK 1-16
Availability	
Document Examiner	OK
Updater	OK
Updater	OK
Verifier	OK
Acknowledgement	OK
W. P. Verifier	OK

FF \$1750.00

STATE OF FLORIDA
COUNTY OF SEMINOLE

SUPPLEMENTAL AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS

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BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XXXI, INC. the sole general partner of NEWPORT PARTNERS XXXI, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$200,000.00.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$0.

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.

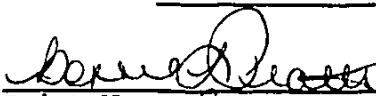
GENERAL PARTNER:

NEWPORT PARTNERS XXXI, INC.

Date: December 10, 1996

By: 
Peter S. Cahall, President

The foregoing instrument was acknowledged before me this 10 day of December, 1996, by Peter S. Cahall, as President of NEWPORT PARTNERS XXXI, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.


Print Name: Bonnie L. Pratte
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____.

