7/07/00 NUM: A96000002177 ST:FL ACTIVE/FL LP

ACT CONT: 998,500.00

FLD: 11/22/1996 FEI#: 65-0710209

NAME : THE VILLAS PARTNERSHIP, LTD.

PRINCIPAL: 2785 S.E. ST. LUCIE BLVD

ADDRESS

STUART, EL 34997

MAILING

: P.O. BOX 1668

ADDRESS

STUART, FL 34995

RA NAME RA ADDR

ANN REP

: WTS, INC.

: 2785 S.E. ST LUCIE BLVD

STUART, FL 34997 US

: (1997) I 02/03/97 (1998) I 09/15/97 (1999) I 12/07/98

500003319065--8 -07/11/00--01017--011 ****582.60 ******56.35

NAME CHG: 02/03/97

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

7/12

FF \$56.35



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 12, 2000

THE VILLAS PARTNERSHIP, LTD. P.O. BOX 1668 STUART, FL 34995

SUBJECT: THE VILLAS PARTNERSHIP, LTD.

Ref. Number: A96000002177

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

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: 900A00033342

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	The Villas	Portnesship	L	
		<i></i>		,a
Florida Limited Partnership, execute Florida Statutes.	ed this supplemental affidav	it filed pursuant t	o secti	ion 620.112,
The total amount of the capital contri	ibutions of the limited partne	ers is: \$ 100 6	550.	. •
This 27 day of June		,Ag <u>oo</u>	_•	
FURTHER AFFIANT SAYETH N	IOT.			
Under penalties of perjury I declare best of my knowledge and belief.	that I have read the foregoin	ng and that the fac	rts are	true, to the
	General Partner(s)		36 m	00
Bonny &	LIhry T.S. Inc.			Total Control
Pres. 21	TS. Inc.			
				en e
-	Fees: \$1000, based on additional contributions m \$ 52.50			

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

Maximum \$1750.00