Requester's Name P. D. BOX 1339 Address Suasofa Factor City/State/Zip Phone #	00002259 34230
corporation name(s) & docum	Office Use Only
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 5000040917953 -04/30/0101101005 ***1750.00 ***1750.00
(Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Amendment Resignation of R.A., Officer/Director AMED AMED AMED AMED AMED AMED AMED AMED
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Morton's Plaza Ltd.
, 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: \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This 31 st day of March , 2001.

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)

Fees:

\$7 per \$1000, based on additional contributions

Minimum \$ 52.50

Maximum \$1750.00

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