

A97000000257

FILING COVER SHEET

REFERENCE:

0151.2409

DATE:

5-7-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

Carlisle Lakes, Ltd.

FILED STATE
SECRETARY OF CORPORATIONS
98 MAY - 7 PM 2:49

300002515969-1
-05/07/98-01104-005
***1855.00 ***1855.00

STATE FEES PREPAID WITH CHECK #

4032

FOR \$

1,855.00

PLEASE FILE:

() ARTICLES OF INC.

(X) AMENDMENT

() DISSOLUTION

() ANNUAL REPORT

() MERGER

() WITHDRAWAL

() QUALIFICATION

(X) LIMITED PARTNERSHIP () ANNUAL REPORT

() FICTITIOUS NAME

() LIMITED LIABILITY

() REINSTATEMENT

() TRADEMARK/SERVICE

() UCC-1

() UCC-3

PROVIDE US WITH:

(X) CERTIFIED COPY

() CERTIFICATE OF STATUS

() STAMPED COPY

Examiner's Initials

RECEIVED
98 MAY - 7 AM 11:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B/C
5/7/98

SUPPLEMENTAL AFFIDAVIT
OF CAPITAL CONTRIBUTIONS OF
CARLISLE LAKES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -7 PM 2:49

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

Pursuant to Section 620.112 of the Florida Revised Uniform Limited Partnership Act, the undersigned, the sole General Partner of CARLISLE LAKES, LTD., a Florida limited partnership (the "Partnership"), who upon being duly sworn, deposes and says:

1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership are \$7,546,000.00.

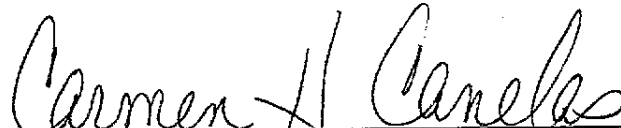
2. It is not anticipated that the Limited Partners will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

DATED: ~~April~~ May 5, 1998

TCG CARLISLE LAKES, INC., a
Florida corporation, General
Partner

By: 
Lloyd Boggio, President

The foregoing instrument was acknowledged before me this 5th day of May, 1998, by Lloyd Boggio, as President of TCG Carlisle Lakes, Inc., a Florida corporation, as sole General Partner of Carlisle Lakes, Ltd., a Florida limited partnership, on behalf of the corporation and as an act of the partnership. He is personally known to me or has produced a driver's license as identification and did take an oath.



Print or Stamp Name:
Notary Public, State of Florida at Large
Commission No.: _____
My Commission Expires: _____

