

7:30 AM

NAME : REAMS ROAD LIMITED PARTNERSHIP

PRINCIPAL: 201 N. NEW YORK AVE., SUITE 200

CHANGED: 05/12/00

ADDRESS WINTER PARK, FL 32789 RA NAME : HOEKSEMA, DOUGLAS A

NAME CHG: 07/10/98

: 541 SOUTH ORLANDO AVENUE, SUITE 210

ADDR CHG: 07/10/98

MAITLAND, FL 32751 US

: (1999) I 12/14/98

(2000) I 05/12/00

(2001) I 08/27/01

02 MAR 25 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

RA ADDR

ANN REP

600005097896--8 -03/12/02--01073--017 \*\*\*2276.25 \*\*\*1750.00

FF \$1750,00



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 14, 2002

REAMS ROAD LIMITED PARTNERSHIP 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789

SUBJECT: REAMS ROAD LIMITED PARTNERSHIP

Ref. Number: A97000000301

We have received your document for REAMS ROAD LIMITED PARTNERSHIPS and your check(s) totaling \$2276.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 302A00015348

## SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Reams Road Limited Partnership		
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.  Florida Statutes.  The total amount of the capital contributions of the limited partners is: \$ 14,648,000.007 CT STATES.  This28thday ofFebruary	~.02始R 25 PM 4:09	FILED

## 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)

TCR Buena Vista Place Limited Partnership

TCR NF Multi-Family, Inc.

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

INHS20(1/00)