| the Cove at Rec 115 NW 100 N. MIMMI City/State/ | TOOCO THE QUAINGS, Utd., questor's Name 7 Street, #300 Address BCD, FC 33169 Zip Phone # | 003/ | 1 |
|--|--|---|---|
| 1(Corp 2(Corp | poration Name) (I | MBER(S), (if known): | \$122705 3801130002 2.50 ******52.50 |
| 4(Corp | | Document #) Document #) Certified Copy Certificate of State | DIVISION SECRE |
| Profit NonProfit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Di Change of Registered Agent Dissolution/Withdrawal Merger | rector | FILED STATE RETARY OF STATE OF CORPORATIONS |
| Annual Report Fictitious Name Name Reservation | REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other | Name Availability Document Examiner Updater Updater Verifyer Acknowledgemen V. P. Verifyer | |
| CR2E031(1/95) | | Examiner's Initials | |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

July 20, 1998

THE COVE AT THE LANDINGS, LTD. 115 NW 167TH STREET #300 NORTH MIAMI BEACH, FL 33169

SUBJECT: THE COVE AT THE LANDINGS, LTD.

Ref. Number: A9700000319

We have received your document for THE COVE AT THE LANDINGS, LTD. and your check(s) totaling \$141.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the supplemental affidavit will be based on the increase at a rate of \$7 per \$1000, with a minimum filing fee of \$52.50 and maximum filing fee of \$1750. The fee to file a supplemental affidavit decreasing the contributions is \$52.50.

Please return your annual report and check for \$141.25 along with the supplemental affidavit and check for \$52.50.

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 198A00038401



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

| The undersigned gene | eral partners of | THE COVE | AT THE L | ANDINGS | S, LTD. | . a |
|---|--------------------------------------|---|---------------------------------------|------------------|------------------|-------------------|
| Florida Limited Partr | nership, executed | d this suppleme | ental affidav | rit filed j | oursuant to | section 620.112, |
| Florida Statutes. | | | | | - | |
| The total amount of | the capital contr | ributions of the | e limited pa | rtners is: | \$ <u>100.00</u> | <u> </u> |
| This <u>13th</u> day o | of <u>JULY</u> | | | 1, | , 19 <u>98</u> | · |
| | • . | <i>₹</i> | | - | | |
| FURTHER AFFLA | ANT SAYETH I | NOT. | | | | |
| Under penalties of p the best of my know | erjury I declare vledge and belie | that I have red f. | ad the fores | going an | nd that the fo | acts are true, to |
| | <i>—</i> | Ge | eneral Partr · | ner(s) | | · |
| | BRUCE R. JA | P | | <u></u> | | 86 11/11d |
| | | | | | <u></u> | AUG |
| | <u></u> | | | ··- | | |
| | | | | | | PH 2 |
| | • | | | | | RATION 2: 52 |
| | | , 1.1 1 | -c. | | | . 5 |
| | \$7 per \$1,00 (Minimum \$ | FEE 00 based on the 52.50 - Maxin | e additional | contrib 0.00) | utions | |
| 1 | | * - () | · · · · · · · · · · · · · · · · · · · | e mere va | : . | ** |
| INHSE20(3/95) | | | | | | |