

A97000002440

H.F. Malls Investment, Ltd.  
(Requestor's Name)

C/O Dieter A. Thieman  
(Address)

1380 Prosperity Farms Rd. #217  
(Address)

Palm Beach Gardens, FL  
(City/State/Zip/Phone #) 33410

☐ PICK-UP

☐ WAIT

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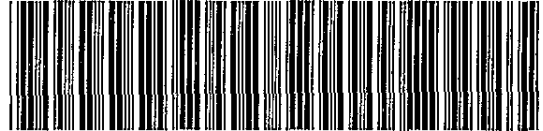
(Business Entity Name)

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AND  
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03 MAR -7 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DB  
3-11-03

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

The undersigned general partners of H F MALLS INVESTMENT  
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: \$ 1,155,000.

This 27<sup>th</sup> day of FEBRUARY, 2003.

**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)

Linda A. Smith agent w/ POA

\_\_\_\_\_  
\_\_\_\_\_

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

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AND  
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03 MAR -7 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Form **2848**

(Rev. December 1997)

Department of the Treasury  
Internal Revenue Service**Power of Attorney  
and Declaration of Representative**

▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

**Part I Power of Attorney** (Please type or print.)**1 Taxpayer information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

H.F. MALLS INVESTMENT, LTD.

C/O D A THIEMANN CPA PA

11380 PROSPERITY FARMS ROAD #217

BEACH GARDENS, FL 33410

Social security number(s)

Employer identification number

Daytime telephone number

65-0792168

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

DIETER THIEMANN

11380 PROSPERITY FARMS ROAD #217

PALM BEACH GARDENS, FL 33410

CAF No. 2600-17868R

Telephone No. 561-694-1200

Fax No. 561-694-1277

Check if new: Address ☐Telephone No. ☐

Name and address

CALMA SINGH

11380 PROSPERITY FARMS ROAD #217

PALM BEACH GARDENS, FL 33410

CAF No. 2606-07019R

Telephone No. 561-694-1200

Fax No. 561-694-1200

Check if new: Address ☐Telephone No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
INCOME	<del>1040NR, WT</del> 1065, FIRPTA	2001-2004

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4 — Specific uses not recorded on CAF.) ▶ ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5 — Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.**Note:** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ \_\_\_\_\_

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form **2848** (Rev. 12-97)

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a** If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box. ☐
- b** If you also want the second representative listed to receive a copy of such notices and communications, check this box. ☐
- c** If you do not want any notices or communications sent to your representative(s), check this box. ☐
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐  
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

x

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Print Name \_\_\_\_\_

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d** Officer — a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee — a full-time employee of the taxpayer.
  - f** Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer — an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation — Insert above letter (a - h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
B	FLORIDA	<i>John A. Smith</i>	<i>5/25/02</i>
H	FLORIDA	<i>Calma Singh</i>	<i>5/25/02</i>