

A9700000 2654

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TEMPUS RESORTS INTERNATIONAL 900003631289--1
(Corporation Name) (Document #) *LTA* ****1750.00 ***1750.00*
-02/02/01--01110--011
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB -2 PM 1:09

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92

Examiner's Initials

2/06/01

CORPORATE DETAIL RECORD SCREEN

1:03 PM

NUM: A97000002654 ST:FL ACTIVE/FL LP FLD: 12/09/1997
LAST: CONTRIBUTION CHANGE FLD: 02/01/2000

ACT CONT: 91,640,000.00 FEI#: 59-3482443

NAME : TEMPUS RESORTS INTERNATIONAL, LTD.

PRINCIPAL: 7380 SAND LAKE RD., STE 600

CHANGED: 02/02/99

ADDRESS ORLANDO, FL 32819

RA NAME : CORPORATION SERVICE COMPANY

NAME CHG: 07/22/99

RA ADDR : 1201 HAYS STREET

ADDR CHG: 07/22/99

TALLAHASSEE, FL 32301-2525 US

ANN REP : (1998) I 12/18/97 (1999) I 02/02/99 (2000) I 04/28/00

1. MENU, 3. PARTNERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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01 FEB -2 PM 1:10
TALLAHASSEE, FLORIDA

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

The undersigned general partners of Tempus Resorts International, 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: \$ 112,800,753.

This 31st day of December, 2000.

FURTHER AFFLIANT 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)

AP/Tempus, LLC
By: [Signature]
Its: Authorized Agent

Fees:
\$7 per \$1000, based on additional contributions
Minimum \$ 52.50
Maximum \$1750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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