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(Re	questor's Name)	
DA)	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name	e)
	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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04 APR 19 AH 10: 0"

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general pa	rtners of _	NHPAHP	FALLS	LANDING	LIMITED	PARTNER	SHIP	
							, a	
Florida Limited Partnership Florida Statutes.	, executed thi	s supplem	ental aff	idavit filed	pursuant t	o section 6	520.112,	
The total amount of the cap	ital contribution	ons of the	limited p	partners is:	\$ <u>317,</u>	114.00.		
This day of	April			,	2-004.			
FURTHER AFFIANT SA	YETH NOT.							
Under penalties of perjury best of my knowledge and b		I have rea	d the for	egoing and	l that the fa	acts are fru	4	
	,	General Pa	artner(s)			ASSEE.	APR 19	0
NHP.	AHP AFFORDA	ABLE HOU	SING F	ALLS LAN	DING, IN	C.01	A BOOK	_
167.	5 PALM BEAG	CH LAKES	BLVD.	¢		RID'A	3	
WES	r PALM BEAG	CH, FL 3	3401					

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