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NAME: MAYPORT AFFORI PARTNERS, LTD	DABI	E HOUSING	·	DIVISION TALLAH		=
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CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD ST	'AND	ING	- -		- - **	= -
CONTACT PERSON: Norma Hull	EX	AMINER'S I	NITIALS:			_

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

The undersigned, constituting all of the general partners of MAYPORT AFFORDABLE HOUSING PARTNERS, LTD., a Florida limited partnership, executes this supplemental affidavit and files the same with the Florida Department of State pursuant to Section 620.112, Florida Statutes.

The actual amount of capital contributions of the Limited Partner has exceeded the originally anticipated amount of capital contributions. The sum of \$50.00 has already been contributed by the Limited Partners, and an additional \$1,277,512.00 is anticipated. Therefore, the total capital contributions on record will be \$1,277,562.00.

This Supplemental Affidavit is executed this 20 day of May, 2000.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

MAYPORT AFFORDABLE HOUSING PARTNERS, LTD., a Florida limited partnership

1

By: Belle Orchid, Inc., a Florida corporation,

its managing general partner

Lynn Klein-Alligood, President

By: Mayport Orchid Trace, Inc., a Florida

corporation, a general partner

Bob Alligood, President

[NOTARY ACKNOWLEDGEMENTS ON PAGE 2]

SEGRETARY OF STATE SEGRETARY OF STATE OF CORPORATIONS

## STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally Lynn Klein-Alligood, as President of Belle Orchid, Inc., a Florida corporation, known to me to be the person who executed the foregoing Supplemental Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Supplemental Affidavit as President of Belle Orchid, Inc., a Florida corporation, as managing general partner of Mayport Affordable Housing Partners, Ltd., a Florida limited partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 2000 day of May, 2000.



ANNALEE L. MAYES
Notary Public, State of Florida
My comm. expires April 8, 2063
Comm. No. CC 824855

Notary Public

State of Florida at Large My Commission Expires:

STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally Bob Alligood, as President of Mayport Orchid Trace, Inc., a Florida corporation, known to me to be the person who executed the foregoing Supplemental Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Supplemental Affidavit as President of Mayport Orchid Trace, Inc., a Florida corporation, as a general partner of Mayport Affordable Housing Partners, Ltd., a Florida limited partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 2000.

ANNALEE L. MAYES Notary Public, State of Florida My comm. expires April 8, 2003 Comm. No. CC 824855 Notary Public State of Florida

My Commission Expires: