Requeste is Na Lake Manual Man

		Office Use Only	·
CORPORAT	TION NAME(S) & DOC	TUMENT NUMBER(S), (if known):	
1	(Corporation Name)	52-596-4656	
	(Corporation Name)	(Document #)	
2	,	and the second of the second o	. .
	(Corporation Name)	(Document #)	<u></u>
3	(Corporation Name)		
	(Corporation Name)	(Document #)	FIL IN 26
4.		:	· ····································
	(Corporation Name)	(Document #)	
☐ Walk in	n Pick up time	Certified Cop	% 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
☐ Mail ou	ut Will wait	Photocopy Certificate of	Status
NEW FILIN	<u>vGS</u>	AMENDMENTS 4000037	<u>667942</u>
☐ Profit			1101027001 !.SU *****\$2.50
Not for 1	Profit	Amendment Resignation of R.A., Officer/Director	
	Liability	Change of Registered Agent	
Domesti Other	cation	Dissolution/Withdrawal Merger	194-831
OTHER FIL	LINGS	REGISTRATION/QUALIFICATION	Pito o,
Annual Fictitious		Foreign	W.
	5 TAME	Limited Partnership Reinstatement	G
		☐ Trademark ☐ Other	

CR2E031(7/97)

Examiner's Initials

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partner	sof THE GLICKSONN FA	71-4
Λ		,a
Florida Limited Partnership, ex	ecuted this supplemental affidavit filed perturbations of the limited partners is: \$\frac{1}{2} \tag{370 My}, \frac{19}{2}	
FURTHER AFFIANT SAYET Under penalties of perjury I dec	FH NOT . The lare that I have read the foregoing and the state of	hat the facts are true, to the
\$*	Fees: 7 per \$1000, based on additional contributions 6 finimum \$ 52.50	

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

Maximum \$1750.00