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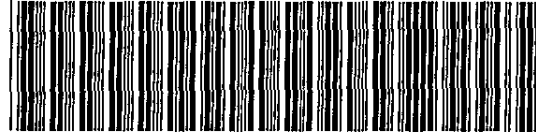
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE GLICKSMAN ~~FOR~~ FAMILY PARTNERSHIP LTD  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWARD GLICKSMAN MD  
(Name of Person)

THE GLICKSMAN FAMILY PARTNERSHIP LTD  
(Firm/Company)

4603 LAKE IN THE WOODS DRIVE  
(Address)

SPRING HILL FL 34607  
(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD GLICKSMAN  
(Name of Person)

at (352) 596-4079  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

The undersigned general partners of

THE GLICKSMAN FAMILY LIMITED PARTNERSHIP, L.P., a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the <sup>AMOUNT</sup> capital contributions of the limited partners is: \$ 60,000.

This 5<sup>th</sup> day of APRIL, 2005.

**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)

[Signature] HOWARD GLICKSMAN  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

TALLAHASSEE, FLORIDA

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