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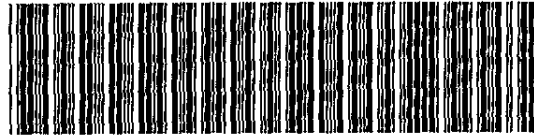
(Business Entity Name)

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CUT

PMC PINELOCH
MANAGEMENT
CORPORATION

August 30, 2005

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32301

FILED
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SECRETARY OF STATE
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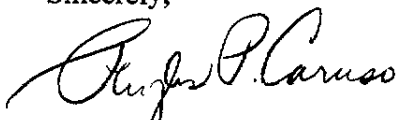
Re: BBF, Ltd. (the "Partnership")

Dear Sir:

Enclosed for filing please find the Supplemental Affidavit of Capital Contributions. Also enclosed is our check in the amount of \$1,750.00 made payable to Florida Secretary of State to cover the filing fees.

Thank you for your prompt attention to this matter.

Sincerely,



Phylis P. Caruso
Vice President

Enclosures

xc: Charles H. Egerton, Esq.
w/enclosures

STATE OF FLORIDA

COUNTY OF ORANGE

SUPPLEMENTAL AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared JAMES P. CARUSO, President and CEO of PINELOCH MANAGEMENT CORPORATION, the sole general partner of BBF, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$1,580,000.00.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:

PINELOCH MANAGEMENT CORPORATION

Date: Aug. 30, 2005, 2005

By: James P. Caruso
James P. Caruso, President and CEO

The foregoing instrument was acknowledged before me this 30 day of August, 2005, by JAMES P. CARUSO, as President and CEO of PINELOCH MANAGEMENT CORPORATION, a Florida corporation, on behalf of the corporation. Said person (check one) ☒ is personally known the me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit:



Phyllis P. Caruso
MY COMMISSION # DD188872 EXPIRES
June 28, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

Phyllis P. Caruso
Print Name: _____
Notary Public, State of Florida
Commission No.: _____

My Commission Expires: _____

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STATE OF FLORIDA
CLERK OF THE COURT