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TRANSMITTAL LETTER

TO:	Registration Sect Division of Corpo							
SUBJE	CCT:	THE	UCHIN	FAMILY	LIMITED	PARTNERSHIP		
			(N	ame of Limit	ed Partnership)			
The en	closed Supplementa	al Affida	avit and fee	(s) are submi	tted for filing.			
Please	return all correspon	idence c	oncerning t	his matter to	the following:			
	_	Jo	oel Re	instein (Name of				
		Jo	el Rei	Lnstein (Firm/Co	P.A.			
		92	25 S. I	Federal (Add		Suite 325		
		Вс	oca Rat	on, FL	33432			
			.1.	(City/State ar	7	· · · · · · · · · · · · · · · · · · ·	SECK JALLA	7E95 -
Jo	ther information co pel Reinste anda S. McN (Nar	in,	Esq. c		at (56	51) <u>393-6714</u> rea Code & Daytime Tele	phone Number	LI H & LC CO Sun

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

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SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned gene	ral partners of				
TH)	UCHIN FAMILY	LIMITED PAR	TNERSHIP	,a	
Florida Limited Partn Florida Statutes.	ership, executed this sup	plemental affida	vit filed pursuant t	to section 620.11	12,
The total amount of th	e capital contributions of	f the limited partr	ners is: \$ <u>1,000</u> ,	000 .	
This <u>1st</u> day of	April		, 2005		
FURTHER AFFIAN	T SAYETH NOT.				
Under penalties of per best of my knowledge	jury, I declare that I hav and belief.	ve read the forego	oing and that the fa	ıcıs are true, to t	he
	Gene	ral Partner(s)			
ис В <u>у</u>	HIN EAMILY CORP : Notification Dorothy Uchin,	hin President		2005 APR 27 SECRETARY	
		Fees:		A II: 47	
	\$7 per \$1000, based contr Minimum \$ 52.50	ibutions			

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

Maximum \$1750.00