Address Safely Habar, D. 34 City/State/Zip Phone #	1000133 1695-5611 90003095859-0 -01/12/0001044-004 ****350.00 ****350.00
CORPORATION NAME(S) & DOCUM	Office Use Only
1. Linder Cousins LT (Corporation Name)	O. (Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #) (Document #) AHA (Document #)
Walk in Pick up time	Certified Copy N
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS 22
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

CR2E031(7/97)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	Linder Cousins	Limited	- :
Partnership	- At to	A98-1234a	• • -
Florida Limited Partnership, execute Florida Statutes.	d this supplemental affidavit filed pursu	ant to section 620.112,	
The total amount of the capital contril	butions of the limited partners is: \$	000	
This 30 day of	December, 19 9	00 JAN SECRETI TALLAHA	·
FURTHER AFFIANT SAYETH N	OT.	SSE 12	
Under penalties of perjury I declare to best of my knowledge and belief.	that I have read the foregoing and that the General Partner(s)	ne facts are true to the ORIDA	
	Dwen Linds		
		e 2 merce en	sie na jednik
Minimu	Fees: \$1000, based on additional contributions um \$ 52.50		Trage - Lagran Wagner

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