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05 MAR 1 2005
1158.15

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Llanes Family Limited Partnership
(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:

FRANKLIN LLANES M.D.
(Name of Person)

The Llanes Family Limited Partnership
(Firm/Company)

9845 S.W. 40 St.
(Address)

Miami, Fl. 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANKLIN LLANES M.D. at (305) 229 1660
(Name of Person) (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

FILED
05 APR -1 10 19 19
TALLAHASSEE, FLORIDA

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

The undersigned general partners of

The Llanes Family Limited Partnership, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 2,500,000.00.

This 21 day of March 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)

FRANKLIN LLANES

FILED
05 APR -1 12:19:19
TALLAHASSEE, FLORIDA

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