

A9800000 1890

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TEMPUS RESORTS MANAGEMENT LTD
(Corporation Name) (Document #)

300003631283--0
-02/02/01--01110--010
***1750.00 ***1750.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB -2 PM 1:16

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32

Examiner's Initials

2/06/01

CORPORATE DETAIL RECORD SCREEN

1:08 PM

NUM: A98000001890 ST:FL ACTIVE/FL LP FLD: 08/06/1998

LAST: AMENDMENT FLD: 12/01/2000

ACT CONT: 850,304.00 FEI#: 59-3535537

NAME : TEMPUS RESORTS MANAGEMENT, LTD.

PRINCIPAL: 7380 SAND LAKE ROAD, STE. 600

CHANGED: 12/31/98

ADDRESS ORLANDO, FL 32819

RA NAME : CORPORATION SERVICE COMPANY

NAME CHG: 07/22/99

RA ADDR : 1201 HAYS STREET

ADDR CHG: 07/22/99

TALLAHASSEE, FL 32301-2525 US

ANN REP : (1999) I 12/31/98 (2000) I 04/28/00

1. MENU, 3. PARTNERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned general partners of Tempus Resorts Management, Ltd.

_____, 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: \$ 1,522,165.

This 31st day of December, 2000.

FURTHER AFFLANT 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)

TPI Holdings, LLC

By: [Signature]

Its: Authorized Agent

Fees:

\$7 per \$1000, based on additional
contributions
Minimum \$ 52.50
Maximum \$1750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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