

Registrator's Name
 Address
 City/State/Zip Phone #

A98000002596

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 00 JUL -7 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FF \$753.90

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 31, 2000

ADVANTAGE CAPITAL FLORIDA PARTNERS I, LIMITED PARTNERSH
100 N TAMPA STREET
SUITE 2410
TAMPA, FL 33602

SUBJECT: ADVANTAGE CAPITAL FLORIDA PARTNERS I, LIMITED
PARTNERSHIP
Ref. Number: A98000002596

We have received your document for ADVANTAGE CAPITAL FLORIDA
PARTNERS I, LIMITED PARTNERSHIP and check(s) totaling \$526.25.
However, your check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of
the limited partners have gone beyond what we currently have on file. A
supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes.
The filing fee is based on the additional amount of contributions calculated at a
rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing
fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 800A00030674

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned general partner of **Advantage Capital Florida Partners I, 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: **\$137,700.00.**

This 19th day of June 2000.

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.

By: Advantage Capital FL GP I, L.L.C.,
a Florida limited liability company,
its sole general partner

By:

Crichton W. Brown
Crichton W. Brown, Member

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TALLAHASSEE, FLORIDA