## P9900000863

100004423631----06/18/01--01017--017 \*\*\*\*\*52.50 \*\*\*\*\*52.50

CORPORATE DETAIL RECORD SCREEN

10:24 AM

5/11/01 CORPORATE DET NUM: A99000000863 ST:FL ACTIVE/FL LP

FLD: 05/28/1999

FEI#: 59-3578659 : NEWPORT LAND PARTNERS, LTD.
: 17757 U.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33764
: CSENGE, JOHN L

ADDRESS RA NAME

ADDR

: 17757 Ú.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33764 US

ANN REP

(2000) I 05/22/00

1. MENU, 3. PARTNERS

52,50 4 526,25

ENTER SELECTION AND CR: 00308 - 00785 - 01069 56

10.501,801 & 10



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

May 14, 2001

NEWPORT LAND PARTNERS, LTD. 4755 EAST BAY DR. CLEARWATER, FL 33764

SUBJECT: NEWPORT LAND PARTNERS, LTD.

Ref. Number: A99000000863

We have received your document for NEWPORT LAND PARTNERS, LTD. and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

The fee to file the supplemental affidavit is \$52.50 and the fee to file the annual report/uniform business report is \$526.25. The total fee due for both filings is \$578.75. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

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: 301A00029240

agres

## FILED

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

A. S. .

The undersigned general partners of <i>Deuport Land</i>
Partners, 27)
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: \$ 198,107.
This 30 H day of april , 200/.
FURTHER AFFIANT SAYETH NOT.
Under penalties of perjury I declare that I have read the foregoing and that the facts are true for the best of my knowledge and belief.
General Partner(s)  STATE ORIDA  S. 56
**
Fees:

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

\$7 per \$1000, based on additional contributions

Minimum \$ 52.50 Maximum \$1750.00