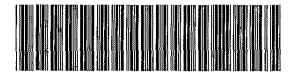
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| CORPDIPECT AGE<br>103 N. MERIDIAN ST<br>TALLAHASSEE, FL<br>222-1173 | TREET, LOWI  |                |                |                       |          |                   |          |
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| FILING COVER S<br>ACCT. #FCA-14                                     | SHEET        |                |                |                       |          |                   |          |
| CONTACT:  | KATIE WO     | <u>NSCH</u>    |                |                       |          |                   |          |
| DATE:   | JULY 7, 200  | <u>13</u>      |                |                       |          |                   |          |
| <b>REF.</b> #:  | 0151.17545   |                |                |                       |          |                   |          |
| CORP. NAME:   | VESTCOR      | FUND XIX, LT   | <u>D.</u>      |                       |          |                   |          |
|   |              |                |                |                       |          |                   |          |
| ( ) ARTICLES OF INCO  | RPORATION    | ( ) ARTICLES O | F AMENDMENT    | ( ) ARTICLES OF DISSO | OLUTION  |                   |          |
| ( ) ANNUAL REPORT   |              | ( ) TRADEMARI  | K/SERVICE MARK | ( ) FICTITIOUS NAME   |          |                   |          |
| ( ) FOREIGN QUALIFIC  | CATION       | ( ) LIMITED PA | RTNERSHIP      | ( ) LIMITED LIABILITY | <i>(</i> |                   |          |
| ( ) REINSTATEMENT   |              | ( ) MERGER     |                | ( ) WITHDRAWAL        |          |                   |          |
| ( ) CERTIFICATE OF C  | CANCELLATION |                |                |                       |          |                   |          |
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|   |              |                |                |                       |          | mi -<br>gi -<br>j | w ww.    |
| STATE FEES PREPAID WITH CHECK# 6425 FOR \$ 1802.50                  |              |                |                |                       |          |                   |          |
| AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:                         |              |                |                |                       |          | ह<br>हा<br>अ      | <u> </u> |
|   |              |                | COST LIN       | MIT: \$               |          |                   |          |
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( ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

PLEASE RETURN:

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Examiner's Initials

## SUPPLEMENTAL AFFIDAVIT

## OF CAPITAL CONTRIBUTIONS OF

## **VESTCOR FUND XIX, LTD.**

| STATE OF FLORIDA  | )<br>)SS.                        |  |   |                                  |                      |                 |
|---|----------------------------------|--|---|----------------------------------|----------------------|-----------------|
| COUNTY OF LEON  | )55.<br>)                        |  |   |                                  |                      | -               |
| Pursuant to Section 620.112 oundersigned, being the sole General partnership (the "Partnership"), who   | Partner of VE                    | STCOR FUND XIX   | t, LTD., a Flo                                  | ship Act,<br>orida lim           | , the<br>ited        |                 |
| 1. The aggregate capital of Partnership to the Partnership is \$4,9   |                                  | ade or to be made by   | the Limited P                                   | 'artner of                       | fthe                 |                 |
| 2. It is not anticipated the to the capital of the Partnership other  |                                  |  |   | ontribut                         | ions                 |                 |
| DATED: JULY, 2003   |                                  | -  |   |                                  |                      |                 |
|   |                                  | VESTCOR PARTN<br>limited liability co<br>Partner                   |   |                                  |                      |                 |
| · · · · · · · · · · · · · · · · · · ·   |                                  | By: Stephen A.   | Prick, Vice Pr                                  | resident                         |                      |                 |
| STATE OF FLORIDA  | )                                |  |   |                                  |                      |                 |
| COUNTY OF LEON  | )                                | ۸.   | ı   |                                  |                      |                 |
| The foregoing instrument was<br>Stephen A. Frick, the Vice Presiden<br>company, on behalf of the limited I<br>produced a driver's license as identifi | iability compa                   | ny. He is person   | 5t day of Ju<br>a Florida limi<br>ally known to | ly, 2003<br>ited liab<br>orme or | , by<br>ility<br>has | an. d<br>Silver |
|   | Print or Stamp<br>Notary Public. | Name:<br>State of Florida at I                                     |   |                                  |                      |                 |
|   | Commission N<br>My Commissi      | Vo.:   | _   | ÷ ,<br>≨***                      | ·<br>                | * - = =         |
| G/W-BJM/35247/120\SUPP-AFF.wpd  |                                  | JEAN M. AMI MY COMMISSION # EXPIRES: May 1 Bonded Thru Notary Publ | CC 994814<br>19, 2005                           |                                  |                      |                 |