

A99000000 1424

Bender, Bender + Chandler  
Requestor's Name

1834 Main St.  
Address

Sarasota, FL 34236  
City/State/Zip Phone #

100003215131--7  
-03/22/00--01093--011  
\*\*\*\*337.50 \*\*\*\*\*52.50

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 #)

- ☐ 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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4/21

Examiner's Initials

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

The undersigned general partners of Plaza Properties Limited, 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: \$362,500.00.

This 6<sup>th</sup> day of April, 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.*

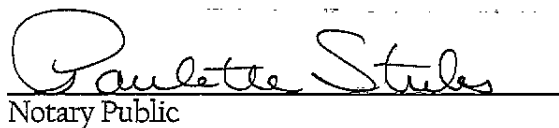
General Partner

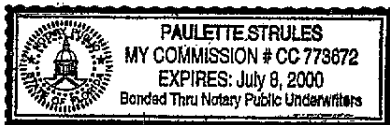
  
\_\_\_\_\_  
James R. Chandler, III

STATE OF FLORIDA  
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, this day personally appeared James R. Chandler, III, who is personally known to me and who being first duly sworn, depose and say that statements contained therein are true to the best of his knowledge and belief.

SWORN AND SUBSCRIBED to before me this 7th day of April, 2000.

  
\_\_\_\_\_  
Notary Public



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00 MAR 18 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA