Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

		TALLAHASULE, FLORIDA
City/State/Z	ip Phone #	Office Use Only
CORPORATION N	NAME(S) & DOCUMENT NUM	IBER(S), (if known):
1	oration Name) (Do	ocument #)
2.	nation Hainey (120	Southern ")
(Corpo	oration Name) (Do	ocument #)
3		. 16
	oration Name) Agg - 160 4 Do	coment#)
☐ Walk in ☐	Pick up time	Certified Copy
☐ Mail out ☐	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMMENTS	
Profit	Amendiment	900034462599 -11/01/0001014006 ***1750.00 ***1750.00
NonProfit	Resignation of R.A., Officer/Direct	ctor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	4.0
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	Sup. Affidavit
Annual Report	Foreign	· acease
Fictitious Name	Limited Partnership	increase
Name Reservation	Reinstatement	
	Trademark	-
	Other	

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 4, 2000

VALDES-FAULI CORPORATE SERVICES INC %NEW RIVER DEVELOPMENT PARTNERS, LTD. 2 SOUTH BISCAYNE BLVD., STE 3400 MIAMI, FL 33131

SUBJECT: NEW RIVER DEVELOPMENT PARTNERS LTD.

Ref. Number: A99000001604

We have received your document for NEW RIVER DEVELOPMENT PARTNERS LTD. and your check(s) totaling \$526.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Their is an additional amount of \$1750.00 that needs to be paid in order to file the supplemental affidavit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 600A00038378

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned gen	eral partners of <u>NEW</u> RIVER O	EVELOPMENT
PAG	NERS, ID.	
Florida Limited Parti Florida Statutes.	nership, executed this supplemental affidavit filed pu	ursuant to section 620.112,
The total amount of the This	May ", 19_	<u>Doo, 000</u> .
FURTHER AFFIAN	T SAYETH NOT.	
Under penalties of per best of my knowledge	jury I declare that I have read the foregoing and that and belief.	the facts are true, to the
· >	General Partner(s) A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 6 B 6 B 7 B 7 B 7 B 8 B B	
	Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50	FILED MIN O

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