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NUM: A99000002166 ST:FL ACTIVE/FL LP. LAST: LLLP Statement of Qualification_ FLD: 12/21/1999 FLD: 12/21/1999

ACT CONT: 12,500.00

: ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY, LLP NAME

NH: 1

PRINCIPAL: 13930 N. DALE MABRY HIGHWAY, SUITE ONE

ADDRESS TAMPA, FL 33618 ... RA NAME : CLARK, PHILLIP W

RA ADDR : 13930 N. DALE MABRY HIGHWAY, SUITE ONE

TAMPA, FL 33618 US

ANN REP : * NONE FILED *]

1. MENU, 3. PARTNERS, 4. EVENTS, 6. NAMES

ENTER SELECTION AND CR:

900003365049 -08/21/00--01006--011 ****611.25 ****122.50

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 25, 2000

ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY, LLP 14310 N. DALE MABRY HWY., STE 260 TAMPA, FL 33618

SUBJECT: ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY,

LLP

Ref. Number: A99000002166

We have received your document for ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY, LLP and your check(s) totaling \$611.25. However, the document has not been filed and is being retained in this office for the following:

The fee to file the supplemental affidavit is \$122.50 and the fee to file the annual report/uniform business report is \$698.75. The total fee due for both filings is \$821.25. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

We need a balance due of \$210.00.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 100A00045490

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general part	ners of Encerprise	LILLE PAICHELS (<u>, , , , , , , , , , , , , , , , , , , </u>
Hillsborough Co	ınty		, a
Florida Limited Partnership, Florida Statutes.	executed this supplemental affidav	rit filed pursuant to section	
The total amount of the capita	al contributions of the limited partr	ners is: \$ 30,000.00	
This 11 day of	August		
FURTHER AFFIANT SAY			
best of my knowledge and bed	General Partner(s) ip W. Clark, Pres of Affiliates, Inc., it	Enterprise	FILED OD SEP -7 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	\$7 per \$1000, based on additional contributions Minimum \$ 52.50		

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

Maximum \$1750.00

INHS20(9/98)