## 000034 SOUTHWINTE POBOX Address 199000 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. CENTEX OFFICE SOUTHPOINTE I LP. (Corporation Name) (Document #) (Corporation Name) (Document #) 500003318195--4 -07/05/00--01122--004 \*\*\*1802.50 \*\*\*1750.00 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time ☐ Will wait Photocopy Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER RUINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1/95)

Examiner's Initials

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

The undersigned	general partners of CF	ENTEX OFFIC	E SOUTHPOINTE	I, L.P.	,	
a (an) Delaware						
Limited Partnersh	nip, executed this supp	olemental affi	davit filed pursu	ant to section 6	520.176,	
Florida Statutes.	The total amount of t	he capital con	tributions of the	e limited partne	rs that is	
allocated for the p	ourpose of transacting	business in F	Torida is: \$	784.604 .		Makinga .
Signed this	day of June			,x <b>19</b> x 2000	_·	
Under penalties o	FIANT SAYETH NO of perjury I declare the cowledge and belief.		l the foregoing a	and that the fact	's are true, to	
	Z-Q2		rtner ARTNER, LLC ounsel and As		SECRETARY SEE	Party State of the

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

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)