

Requestor's Name
 Address
 City/State/Zip Phone #

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 #)

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- ☐ 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

FILED
 00 JUL - 7 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FF \$ 386.20



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 14, 2000

ELLENBURG FAMILY LIMITED PARTNERSHIP
P.O. BOX 786
EASLEY, SC 29641

SUBJECT: ELLENBURG FAMILY LIMITED PARTNERSHIP
Ref. Number: B98000000216

We have received your document for ELLENBURG FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$526.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in block 10 or 7b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 900A00034125

00 JUL -7 AM 9:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned general partners of Eichenburg Family Ltd.
Partnership a (an) _____

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,
Florida Statutes. The total amount of the capital contributions of the limited partners that is
allocated for the purpose of transacting business in Florida is: \$ 455,171.

Signed this 21st day of June 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

Ralph Eichenburg

00 JUL - 7 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEES:

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

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