## Eto LAID LA COMPANS Name Lequistors Name Address

. 1	Addı	ress	
Dallas	TX	75219	
City/State	/Zip′	Phone #	

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>EF</u> 2.	(Corporation Name)	B97-14	9 ocument #) 400005	16305641 170101005002
3.	(Corporation Name)		***1 ocument #)	<u>750.00 **</u> *1750.00
4	(Corporation Name) (Corporation Name)	·	ocument #)	
☐ Walk in ☐ Mail out	Pick up time Will wait	Photocopy	Certified Copy Certificate of Statu	
e ca La <b>va</b> , lo <b>s cientes</b>		naughti not f. neutitelludere	Pour la Company	0 0 1.4

NEW FILINGS
Profit
 NonProfit
Limited Liability
 Domestication
Other

AMENDMENTS
 Amendment
 Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
 Foreign
 Limited Partnership
Reinstatement
Trademark
Other

CR2E031(1/95)

Examiner's Initials

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

The undersigned general partners of <u>EFO LAND</u> , <u>LP</u>	و
a (an) DELAWARE	
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	밀
allocated for the purpose of transacting business in Florida is: \$ 5,702,400	SECRE
5	PARCE CO.
Signed this 15 day of October , 2001.	RP ST
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## 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

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