

# L9900000 2155

Kathy Cone

Requestor's Name

Ausley & McMullen  
227 South Calhoun Street

Address

Tallahassee, FL 32301

City/State/Zip

425-5306

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 #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy
- ☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

FILED  
99 JUL -6 PM 4:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

800002924498--7  
-07/07/99--01012--001  
\*\*\*\*258.75 \*\*\*\*258.75

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

6-1-99

Examiner's Initials

# SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of

UNIVERSITY CLUB APARTMENTS OF TALLAHASSEE, L.L.C.

a limited liability company, executes this supplemental affidavit filed pursuant to section 608.412, Florida Statutes.

The total amount of the capital contributions of the members is see below \*\*.  
If contributions include other than cash, a description and agreed value of property must be attached.

Dated July 6, 1999.



Signature of a member or authorized representative of a member

Thomas C. Proctor, Sr., Managing Member

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

**\*\* The total amount of cash and a description and agreed value of property other than cash anticipated to be contributed to the Company is a maximum of \$1,357,500.00 in cash and real property in Leon County, Florida having the agreed value of \$240,000.00.**

Filing fee: \$250.00  
Certified copy: \$ 52.50 (optional)

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