CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

TADDRESS

NAR

SIGNATUFE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF BISNING GENERAL PARTNER

2/3/20N Date

Daytime Phone #