

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

**SIGNATURE.** *[Signature]* **DATE REQUIRED.** *2/28/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Art. Sec.* *850/769-8981*  
Date Daytime Phone #