LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

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4. Thereby certify that the information supplied with this filling 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 chall have the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information	TITY - ST - ZIP		CITY-ST-7IP	
	Thereby certify that the information supplied will indicated on this report is the and accurate as:	th this filling does not qu	ualify for the exemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: May 0 2 2002

(818) 244-8080