Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

13. I do hereby certify that the information supplied with this filling is voluntarily lumished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Tralease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, received or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

	SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE
I	Typed or Printed Name of General Partner Symma Form	Davtime Telephone Number