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 chall 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 employered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-7/P

STREET ADDRESS

SIGNATURE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

OCCUPATION OF THE PARTY OF SIGNING GENERAL PAR

3-13-00

407 628-8444

Daytime Phone #