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

JSBA, Inc. Managing Partner

SIGNATURE: BY: SIGNATURE BY: SIGNATURE OF THE DESCRIPTION OF THE SIGNATURE OF THE SIGNATURE OF THE SIGNAL PARTNER OF THE SIGNAL PART

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DOCUMENT #

STREET ADDRESS

CITY-ST-7P

NAME

3-31-2000

(334) 343-8198

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Daytime Phone #