## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED 98 DEC -9 PM 4: 15

1. Name of Linited Partnership  2. Name of Linited Partnership  2. Name of Linited Partnership  3. Data Cart Factorship	1999	Secretary DIVISION OF C		ONS	SECRETAG	Y OF STATE	
Mailrag Address Principal Office Address Princ	1. Name of Limited Partnership	1a. DOCUMENT # A33262			TALLAHASSEE, FLORIDA		
2801 SW. COLLEGE ROAD. SUITE 18  P.O. BOX 740180  COLLA FL 34478  28. Petrologial Office Address  28. Mailing Address  28. Petrologial Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  The ManAgement Registered Agency  The ManAgement Roup of COLLA, INC.  2901 SW. COLLEGE ROAD  SUITE 18  OCALA FL 34474  10.a. Persuate to the provisions of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degeneral packs States degeneral packs States degree to the States degeneral packs States degree to the States degr	STATE ROAD 200 ASSOCIATES	S, LTD.					
2801 SW. COLLEGE ROAD. SUITE 18  P.O. BOX 740180  COLLA FL 34478  28. Petrologial Office Address  28. Mailing Address  28. Petrologial Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  The ManAgement Registered Agency  The ManAgement Roup of COLLA, INC.  2901 SW. COLLEGE ROAD  SUITE 18  OCALA FL 34474  10.a. Persuate to the provisions of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, State during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degener to tool, in the Bland of Finds, States during the origination of sections 420 1031 and 620 152. Packs States degeneral packs States degeneral packs States degree to the States degeneral packs States degree to the States degr	Mailing Address	Principal Office Address	<u> </u>		3. Date Formed or Registered	5a. Capital Contributions as	
38. Date of Last Report 12/22/1997  39. Annual responsible of the Country 28. Principal Office Address 28. Principal Office Address 39. Sulfe. April 4. etc.  59. Sulfe. April 5. etc.  59. Sulfe. April 6. etc.  59. Sulfe. April	2801 S.W. COLLEGE ROAD. SUITE 18	P.O. BOX 740180			08/03/1992		
2. Mailing Address  2a. Principal Office Address  Sulfa, Apt. #, etc.  To Country  To Coun	OCALA FL 34474 OCALA FL 34478					-	
28. Principal Office Address  Sults, Apt. #, etc.  To. Country  To. Country  To. Country  To. Country  To. Country  To. If charged, new Registered Agent/Office (Apt. #) and Address and for the infinization  THE MANAGEMENT GROUP OF OCALA, INC.  Serest Address (P.O. Box Number is Not Acceptable)  Sults, Apt. #, etc.  To.  Serest Address (P.O. Box Number is Not Acceptable)  Sults, Apt. #, etc.  To.  Sults, Apt. #, etc.  To.  Sults, Apt. #, etc.  To.  Serest Address (P.O. Box Number is Not Acceptable)  Sults, Apt. #, etc.  To.  Sults, Apt. #, etc.						5b. Amount of Capital Contributions in FLORIDA	
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   City & State   City & State   City & State   To Country   Zip	2. Mailing Address	2a. Principal Office Address			1	to date.	
City & State  Zip Country  Registered Agent  10. If charged, new Registered Agent Cities (See revolves side for fice information)  Name  THE MANAGEMENT GROUP OF OCALA, INC.  2801 S.W. COLLEGE ROAD  SUITE 18  OCALA FL 34474  City  Furnaset to the previsions of sections 620, 1051 and 820, 1052 Roles Statisties, The above asmed mining perfection of registered under the leave of the State of Portice, submits this statement for the previsions of sections 620, 1051 and 820, 102, Floride Statisties, The above asmed mining perfection of registered under the leave of the State of Portice, submits this statement for the previsions of sections 620, 1051 and 820, 102, Floride Statisties, The above asmed mining perfection of registered under the leave of the State of Portice, submits this statement for the statement for	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	D1 - 15-1 7-1 6	
Zip Country  Zip Country  To C	City & State	State City & State			59-3141027	Not Applicable	
8, Make check payable to: Dept. of Stata (See reverse and for the information)  9, Name and Address of Current Registered Agent  10, If changed, new Registered Agent/Office ULS 9 75  THE MANAGEMENT GROUP OF OCALA, INC. 2801 S.W. COLLEGE ROAD  SUITE 18  OCALA FL 34474  10a. Pursuant to the provisions of sections 620, 1051 and 620, 1021, Rocks Statules, the above-named limited perfinerably organized or registered under the less of the State of Procks, such change were authorized by the general perfiner(). Thereby abough the exponent of the state of Procks, such change were authorized by the general perfiner(). Thereby abough the exponent of registered Agent Accepting Agent In an Smills with, and accept the depletions of section 620, 102, Florida Statules,  SIGNATURE (Registered Agent Accepting Agentines)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Perfiner(s)  11a. (po NOT Use Perf Office Box Numbers)  11b. City, State & Zip Code  11c. Registerable?  11c. Registerable?  11d. M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Iso benety certify that the julescaption applied with this firing is voluntarily fumilished and does not qualify for the exemption stated in Section 1907(5)(4), Florida Statules.  12. Iso benety certify that the julescaption applied with this firing is voluntarily fumilished and does not qualify for the exemption stated in Section 1907(5)(4), Florida Statules. I release the Division of corporations from anylytically of risk-complete view to the information indicated on this annual exempt from public access. Isother certify that the information indicated on this annual exempt from public access. Isother certify that the information indicated on this annual exempt from public access. Isother certify that the information indicated on this annual exempt from public access. Isother certify that the information					7. Certificate of Status Desired	\$8.75 Additional	
THE MANAGEMENT GROUP OF OCALA, INC. 2801 S.W. COLLEGE ROAD SUITE 18 OCALA FL 34474  10a. Pursuant to the provisions of sections 820,1051 and 820,192, Florida Statutes, the above-named limited partmership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by its general partmer(s). I hereby accept the epiporimment of registered agent accepting Appointment of registered Agent Accepting Agent Accepting Appointment of registered Agent Accepting Agent Age	Zip Country	Zip	Соилиу	-	8. Make check payable to: Dept. of		
THE MANAGEMENT GROUP OF OCALA, INC.  2801 S.W. COLLEGE ROAD  SUITE 18  OCALA FL 34474  10a. Pursuant to the provisions of sections 820,1051 and 820,102, Florida Statutes, the above-cleam filling partnership organized or registered under the town of the State of Florida, such change was authorized by its general partner(e). I hereby accept the appointment of registered agent, I am familiar with, and accept the chigations of section 820,102, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  11a. Additions of Each General Partner  11a. (po NOT use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Degument Number  THE MANAGEMENT GROUP OF OCAL  2801 SW COLLEGE ROAD  OCALA FL  M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the glaineragion suppled with this sting is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(6), Florida Statutes.  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the glaineragion suppled with this sting is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(6), Florida Statutes, I release the Division of Corporations from any Manifer of the supplementary, receiver or tracked approximate to an applicate of the report reservoir of the submentary, receiver or tracked approximate to the information indicated on the supplementary, receiver or tracked approximate the submentary, receiver or tracked approximate the properties of the properties of the information of the information indicated on the supplementary of the information of the infor			1		10		
Street.Address (P.O. Box Number is Not Acceptable)  Street.Address (P.O. Box Number is Not Acceptable)  Stutio. Apt. #, etc.  City  FL  Address  OCALA FL 34474  10a. Pursuant to the provisions of sections 620, 1051 and 620, 192. Floridas Statutas, the above-nimed limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby scoop the appointment of registered agent. I am familiar with, and accept the obligations of section 820, 192. Floridas Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby certify that the juisewagition supplied with this filling is violuntarily furnished and does not qualify for the examption stated in Section 119.07(3)(4), Floridas Statutes. I release the Division of corporations from any statisty of not-compliance with Section 110.07(3)(4) in the event that the information supplied a deserned exampt from public access. I further certify that the information indicated on this annual accords and that it will signature ship will replace the state of the deserned exampt from public access. I further certify that the information indicated on this annual accords and that the signature ship will replace the state of the deserned exampt from public access. I further certify that the information indicated on this annual accords and that the signature ship will replace the state of the section o	THE MANAGEMENT GROUP OF OCALA, INC. 2801 S.W. COLLEGE ROAD			Name Street Address (P.O. Box Number is Not Acceptable)			
SUITE 18 OCALA FL 34474  10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered depositions of sections 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Such change was authorized by its general partners, I henoty accept the appointment of registered agent and florida floridations.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(b)  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number  11b. City, State & Zip Code  11c. Registration/Document Number  12c. Lob bereaty certify that the information supplied a decay with the filing by evolutearly purchased and does not qualify for the everyflorin stated in Section 110 07(30), Profice States. Inches the Direction of Corporation from any (Signate) with the filing purchased and does not qualify for the everyflorin stated in Section 110 07(30), Profice States. Inches the Direction of Corporation from any (Signate) with the the information indicated on this annual report at five and accurate and that my signature with Section 1907(30) is the everyflorid supplied and accept from public accept. Inches carries the Direction of Corporation for any (Signate) with the the Information indicated on this annual report at five and accurate and that my signature with Section 1907(30) is the everyflorid by dependent on the section of the limited partnership, receiver of trustee empowered to accorde this report as required by dependent on the section 10 accorded to the section 10 accorded							
OCALA FL 34474  10a. Pursuant to the provisions of sections \$20,1051 and \$20,102. Florida Statules, the above-named limited partnership organized or registered under the flave of the State of Florida, submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida, Such change was authorized by its general partner(s). Thereby accept the epiphiniment of registered agent. I am familiar with, and accept the eligibidions of section \$20,192. Florida Statules.  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s).  11a. Address of Each General Partner  11b. City, State & Zip Code.  11c. Registration Document Number  11b. City, State & Zip Code.  11c. Registration Document Number  11c. Registration Document Number  11d. M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do bereby certify that the jatewageton supplied with this tiling is voluntarily turnished and does not qualify for the exemption suspected in Section 1907(3)(b). Florida Statutes. I release the Division of Corporations from any/stiling or rich occupation with sate than supplied alseemage on supplied with the tiling is voluntarily turnished and does not qualify for the exemption suspect on 1907(3)(b). Florida Statutes. I release the Division of Corporations from any/stiling or rich occupations with section 1907(3)(b). Florida Statutes. Included on this annual report in tips and accurate and that my signature shall give the same legal effects as if made under cath. I further certify that I is migration indicated on this annual report in this report agranging by years to example on the same legal effects as if made under cath. I further certify that I is information indicated on the empowered to execute this report agranging by years to example on the							
10a. Pursuant to the provisions of sections 820, 1051 and 820, 182. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such change was authorized by its general partner(s). I haveby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I haveby accept the epigetions of section 820, 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  11a. Paddress of Each General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  THE MANAGEMENT GROUP OF OCAL  2801 SW COLLEGE ROAD  OCALA FL  M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the platenagine supplied with this filing is voluntarily furnished and does not qualify for the wormform of the province of the sum o	OCALA EL DAAZA						
for the purpose of changing lit registered diffee or registered depent, or both, in the State of Forde, Such change was authorized by its general partner(e). I hereby accept the obligations of section \$20,192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(e)  11a. (Do NOT Use Post Office Box Numbers)  THE MANAGEMENT GROUP OF OCAL  2801 SW COLLEGE ROAD  OCALA FL  M33029  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any fibrility for the complete is deemed exampt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shaftings the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report algraphs by charge \$20,000 fined Statutes.  SIGNATURE  JEFOME Glassman as president  352/237-1186					- OFL W		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. (p. Address of Each General Partner)  11b. City, State & Zip Code  11c. Registration/Decument Number  11b. City, State & Zip Code  11c. Registration/Decument Number  11c. Registration/Decument Number  11d. (p. Address of Each General Partner)  11d. City, State & Zip Code  11c. Registration/Decument Number  11d. M33029  888  888  888  888  888  888  888	for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid	d limited partne de. Such chang	ership organ ge was auth	orized by its general partner(s). I hereby	State of Florida, submits this statement / accept the appointment of registered	
11. Name(s) of General Pertner(s)  11a. (Do NOT Use Port Office Box Numbers)  THE MANAGEMENT GROUP OF OCAL  2801 SW COLLEGE ROAD  OCALA FL  M33029  ******535. 00 ******535. 00 ******535. 00 ******535. 00  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any iffoliolity of not-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If orther certify that the information indicated on this amount report is type and bear my special greater shape from the samulater poor is type and bear my special greater shape were the same legal effects as if made under ceit. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 M5 Statutes.  SIGNATURE  Jerome Glassman as president	A GENERAL PARTNER THAT IS	S A CORPORATION, L	.IMITED	PART	NERSHIP OR OTHE	R BUSINESS ENTITY	
THE MANAGEMENT GROUP OF OCAL  2801 SW COLLEGE ROAD  OCALA FL  M33029  ******535.00  ******535.00  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any solidity of not-compliance with Section 119.07(3)(k) 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 the and accurate and that my signature shaping were the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Morfield Statutes.  SIGNATURE  DATE  Jerome Glassman as president  352/237-1186						Registration/	
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Jerome Glassman as president 352/237-1186	Corporations from any Hability of non-compliance with Se this annual report is true and accurate and that my signal	ction 119.07(3)(k) in the event that the info ture shalf have the same legal effects as if	ormation suppl	ied is deeme	ed exempt from public access. I further	certify that the information indicated on the limited partnership, receiver or trustee	
Jerome Glassman as president 352/237-1186							
Typed or Printed Name of General Partner Signing Form Nanagement Group of Gcala Inc Daytime Telephone Number 332/257							