I hereby certify that the information indicated on this report is true and the receiver or trustee empowered ing does not gealify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or t as required by Chapter 620, Florida Statutes nat my signature

Gen.

SIGNATURE:

CITY-ST-ZIP

REP OR TRIVIEW NAME OF SIGHING GENERAL TORTHER C Leonard

2.2.01

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