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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE BEQUIRED
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING GENERAL PARTNE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Russ J. Rupp 1

219-535-7455

Daytime Phone #

CR2E003 (9/01)