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

SIGNATURE:

DOCUMENT#

CITY-ST-ZIP

NAME STREET ADDRESS

SONATURE AND TIPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4/3/10

nes.

(941) 388-3434

Daytime Phone #