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 empewaged to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY - ST - ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Line PZUPALLOLILED

James C. Galbraith

407 650-1552

2/18/00

Daytime Phone #