OLC CRUE

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 .

SINAUMEREQUIRED
SIGNATURE AND TYPED OR FAINTED NAME OF SIGNING GENERAL PARTNER

4/28/00

954-764-8380

Daytime Phone #