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PETER R. HOEY, L.L.C.										FIL	ΕD			
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SIGNATURE	Signature, typed or printed na	arne of registered agent and title if a	pplicable. (NOTE:	Registered	Agent signatu	re required v	when reinstatir	g)			DATE			
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11. I hereby o	ertify that the information this report is true	tion supplied with this filin	g does not qualify for t	he exem	ption state	ed in Sec	tion 119.0	7(3)(i), F	lorida Stat	utes. I fu	rther certif	y that the in	nformation	7
limited lia	bility company or the	eceiper or trustee empow	ered to execute this re	port as r	equired b	y Chapte	r 608, Fior	ida Stati	utes.	narrayır iç	, member	or manage	יי טו טוס	1

SIGNATURE:

MATURIFICATION RECHOS Y
TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-10-2001 305-453-3701

TATIVE Date Date Daytime Phone #