STREET ADDRESS

4/12/02

305-258-0883

CITY-ST-ZIP 11. 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 managing member or manager of the limited liability company or the receiver of sustee emotions that I am a managing member or manager of the limited liability company or the receiver of sustee emotions that I am a managing member or manager of the limited liability company or the receiver of sustee emotions that I am a managing member or manager of the limited liability company or the receiver of sustee emotions are required by Chapter 608, Florida Statutes.

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP