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19. 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 or supplemental 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 managing member or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ Manager 3/3/05 754729-3

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Telephone Number

FILED
05 MAR -8 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA