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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 lengt effect as if my supplied with the information member or measure of the	MANAGING MEMBER	FILE N Make Check Payal Due B IS/MANAGERS Delete TE A Delete Delete	OW III FEE IS \$50.00 Die to Florida Departm by September 8, 2004 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES Change Addition 300041654263 10/06/0401056001 ##50.00 Change Addition Change Addition
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