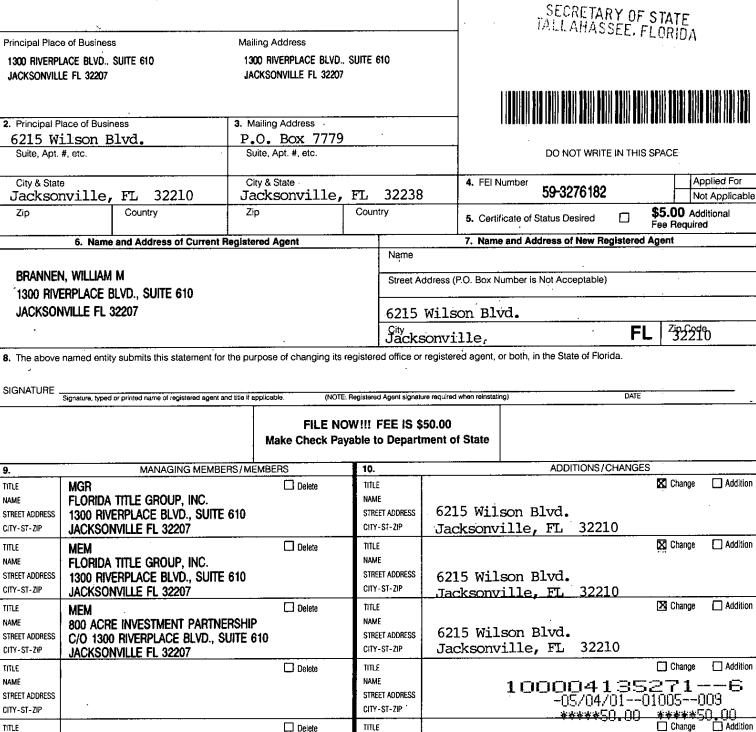
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

TITI F

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mann william M.

☐ Delete

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

THE CANAL AUTHORITY, L.C.

1. Entity Name

NAME

TITLS NAME's

STREET ADDRESS CITY-SY-ZIP

STREET ADDRESS

CITY-ST-ZIP

L94000000561

4/12/01

904/778-1888

Daytime Phone #

Change

☐ Addition

3R2E083 (11/00)