STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 4.25.00 (210)599-7926

APPROVED