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

TITLE

NAME

TITLE

NAME 8TREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

SIGNATURE:

NAME

TITLE NAME

MILE

NAME

STREET ADDRESS

STREET ADDRESS

'STREET ADDRESS CITY-87-ZIP

CITY-ST-ZIP

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MICHELL DISTRICT FEO DESCRIPTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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37 ORCUTT DRIVE

GUILFORD, CT 06437

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