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12. A TITLE NAME STREET ADORESS CITY-ST-ZIP 14.	certify that the information as on or Block 13 if changed, or or Block 13 if changed, or or or Block 13 if changed, or or Block 1	upplied with this filing plemental annual report the receiver or truster.	DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZP The exemption stated in Serate and that my signature is counter this report as require other like empowered.	ADDITIONS/CHANGES ADDITIONS/CHANGES Cotion 119.07(3)(i), Florida Sishall have the same legal end by Chapter 607, Florida S	IDSDSS 11/03/330 ***150.00	D DIRECTO Change Change Change Change Change	Addition Addition Addition	CR2F024 (11/08)