

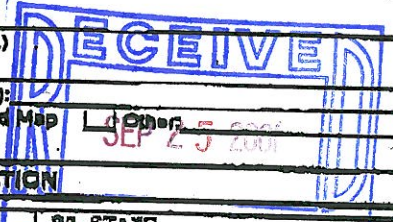
**NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

O.M.B. No. 3087-0077
Expires July 31, 2002

Important: Read the Instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME Lahigh Group, Inc.		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2216 Donato Dr.		Policy Number	
CITY Belleair Beach		Company NAIC Number	
STATE FL		ZIP CODE	33786
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 57, BELLEVUE ESTATES ISLAND SECOND ADDITION			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
ATTITUDE/LONGITUDE (OPTIONAL) 44° - 05' - 00.00" N 89.9999° W			
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: SEP 25 2001	



SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER Belleair Beach 125089		CO. COUNTY NAME Pinellas	ST. STATE Florida
B4. MAP AND PANEL NUMBER 25089 0002	B5. SUFFIX B	B6. FIRM INDEX DATE 3/2/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/2/83
B8. FLOOD ZONE(S) A 11		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0'	

0. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

1. Indicate the elevation datum used for the BFE in B8: NGVD 1929 NAVD 1988 Other (Describe): _____

2. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: **unknown**

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on: Construction Drawings Building Under Construction Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

Building Diagram Number: **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

Options - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

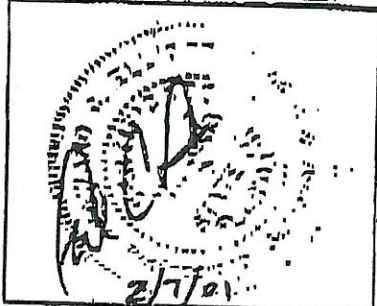
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum: **NGVD 1929** Conversion/Comments: _____

Elevation reference mark used: **Hall E** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	11.0	0	ft. (m)
<input type="checkbox"/> b) Top of next higher floor	18.5	5	ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A		ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	8	1	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	10.5	5	ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	7.2	2	ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	10.6	6	ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	8		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	240		sq. ft. (sq. cm)

License Number, Expiration Date, Signature, and Date
2/7/01



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: **Edward C. Elliott** LICENSE NUMBER: **3983**

TITLE: **Professional Surveyor & Mapper** COMPANY NAME: **Overback & Elliott, Inc.**

ADDRESS: **3088 Roosevelt Blvd.** CITY: **Clearwater** STATE: **FL** ZIP CODE: **33760**

SIGNATURE: *[Signature]* DATE: **2/7/2001** TELEPHONE: **(727) 524-9666**

6.) BASIS OF BEARINGS: WEST R/W OF DONATO DRIVE BEING N 13°43'05" W.
 6.) THIS IS TO CERTIFY THAT I HAVE CONSULTED THE FEDERAL INSURANCE ADMINISTRATION FLOOD HAZARD BOUNDARY MAP, COMMUNITY No. 125089, PANEL No. 0002 B, EFFECTIVE DATE 3/2/83, AND THE HEREON DESCRIBED PROPERTY APPEARS TO BE IN ZONE A11, WITH A BASE ELEVATION OF 10' M.S.L.