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4th Q 2006

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

0052-11-0001

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME SCOTT GRISSOM		For Insurance Company/Use Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. RIVER DRIVE - 3901 Bahia Vista		Company NAIC Number
CITY SARASOTA	STATE FLORIDA	ZIP CODE 34236
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 633 BAHIA VISTA ESTATES		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Use a Comments area, if necessary. RESIDENTIAL Mobil Home Park Broad Ave Trailer Lodge		
LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or ##.#####)	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: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER SAR. CO. FLA. 125144		B2. COUNTY NAME SARASOTA	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 125144 0153	B5. SUFFIX E	B6. FIRM INDEX DATE 9/3/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/3/92
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 14.7	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
 NAVD 1988 Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. 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.

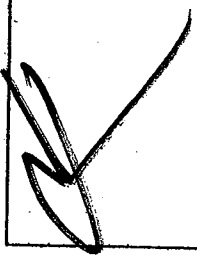
2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AB/AH, AR/AO
 Complete items C3-a-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 ^{NAVD} ~~NGVD~~ Conversion/Comments
 Elevation reference mark used ^{MARISSE} ~~2D~~ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **17.5 ft.(m)**
- b) Top of next higher floor **_____ ft.(m)**
- c) Bottom of lowest horizontal structural member (V zones only) **N/A ft.(m)**
- d) Attached garage (top of slab) **SEE NOTES _____ ft.(m)**
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **SEE NOTES 17.5 ft.(m)**
- f) Lowest adjacent (finished) grade (LAG) **13.2 ft.(m)**
- g) Highest adjacent (finished) grade (HAG) **13.5 ft.(m)**
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **N/A**
- i) Total area of all permanent openings (flood vents) in C3.h **N/A** sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

U.S. 4075 11/27/06



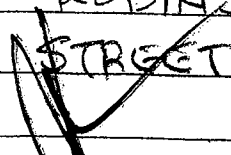
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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
THOMAS E. ROBINSON LICENSE NUMBER
U.S. 4075

TITLE
P.S.M. COMPANY NAME
ROBINSON LAND SURVEYING INC.

ADDRESS
1960 MAIN STREET CITY
SARASOTA STATE
FLORIDA ZIP CODE
34236

SIGNATURE
 DATE
11/27/06 TELEPHONE
(941) 954-4473