

STATE OF FLORIDA, DIVISION OF BOND FINANCE
ISSUANCE REPORT PURSUANT TO SECTION 159.805(5) (a), FLORIDA STATUTES

Division Serial No.: _____

Issuing Agency: _____

Name of Bonds: _____

Dated Date: _____ Delivery Date: _____

Bond Rating(s) _____ Not Rated G
(Include name of Rating Agency(ies) and rating(s). If bonds are not rated, check box at right.)

Par Amount of Bonds: \$ _____ Amount of bond proceeds distributed at issuance:

Allocation Received: \$ _____ \$ _____

Allocation Utilized: \$ _____

Excess Allocation: \$ _____

Is there an unfilled allocation request pending for these Bonds? Yes G No G

If yes, select one of the following: We wish to -

- G cancel our pending request and any excess allocation.
- G cancel our pending request and retain the excess allocation until its expiration date.
- G remain on the pending list for the unfunded amount of our request and to retain any excess allocation until its expiration date.

If no, and there is excess allocation remaining after issuance, select one of the following: We wish to -

- G cancel the excess allocation.
- G retain the excess allocation until its expiration date.

(Note: The Division of Bond Finance will not issue a final confirmation letter (Form BF-2007) until its has been determined that bonds amounting to at least 90% of all allocation received to date **and** allocation granted pursuant to pending requests have been issued.)

Check one: G Public Offering G Private Placement

Check one: G Single Family G Multifamily (# units _____)

G Manufacturing (product: _____)

G Other (specify: _____)

Project Sponsor or Private Borrower (if applicable):

Name _____

Address _____

Phone Number _____ Contact Person _____

Address of Project: _____

Name & Address of Bond Counsel: _____

Name & Address of Senior Underwriter or Private Placement Agent:

Submitted by: _____ / _____ / _____
(typed or printed name) (rôle; i.e., issuer, bond counsel, F.A., etc.) (telephone)