

OFFEREE QUESTIONNAIRE FORM

To the General Partners of Palm Coast Florida Group, LLC. ("PCFG")
Palm Coast Florida Regional Center

The following information is furnished to PCFG in order for you to determine whether the undersigned is qualified to invest in the above referenced company pursuant to Section 4(2) and Regulation D of the Securities Act of 1933 as amended (the "Act") and appropriate provisions of applicable state securities laws. I understand that you will rely upon the following information for purposes of such determination, and that the investment will not be registered under the Act in reliance upon the exemption from registration provided by Section 4(2) and Regulation D of the Act, and appropriate provisions of applicable state securities laws.

ALL INFORMATION CONTAINED IN THIS QUESTIONNAIRE WILL BE TREATED CONFIDENTIALLY.

However, I do agree that you may present this questionnaire to such parties as you deem appropriate if called upon to establish that the proposed offer and sale of the investment is exempt from registration under the Act or meets the requirements of applicable state securities laws.

ALL FIELDS ARE REQUIRED

I hereby provide you with the following representations and information:

First Name: _____ Last Name: _____ Date of Birth: _____

Identification Card and or Passport Number: _____ Country of Issuance: _____

Residence Address: _____ City: _____

Province/State: _____ Zip: (If Applicable) _____

Country: _____ Telephone Number: _____

Mailing Address: _____ City: _____

Province/State: _____ Zip: (If Applicable) _____

Country: _____

Email Address: _____

Current Employer and Position: _____

Business Address: _____ City: _____

Province/State: _____ Zip: (If Applicable) _____

Telephone Number: _____

Business or Professional Education & Degree: _____

Prior Employment (5 Years):

Employer _____

Nature of Duties _____ Dates of Employment _____

Employer _____

Nature of Duties _____ Dates of Employment _____

Employer _____

Nature of Duties _____ Dates of Employment _____

Prior Investments of Purchaser:

Amount (Cumulative) US Dollars

Capital Stock	<input type="checkbox"/> None	<input type="checkbox"/> Up to \$50,000	<input type="checkbox"/> \$50,000 - 250,000	<input type="checkbox"/> Over \$250,000
Bonds	<input type="checkbox"/> None	<input type="checkbox"/> Up to \$50,000	<input type="checkbox"/> \$50,000 - 250,000	<input type="checkbox"/> Over \$250,000
Other	<input type="checkbox"/> None	<input type="checkbox"/> Up to \$50,000	<input type="checkbox"/> \$50,000 - 250,000	<input type="checkbox"/> Over \$250,000

Financial Information:

(a) My net worth (exclusive of home, home furnishings and personal automobiles) is in excess of:

\$100,000 \$250,000 \$500,000 \$1,000,000

(b) My gross income, including tax exempt income for each of the preceding two tax years was equal to or in excess of:

\$100,000 \$150,000 \$200,000

(c) My anticipated gross income including tax exempt income this year will be equal to or in excess of:

\$100,000 \$150,000 \$200,000

(d) (1) I have such knowledge and experience in financial, tax and business matters that I am capable of utilizing the information made available to me in connection with the offering of the investments to evaluate the merits and risks of the investment and to make an informed investment decision. I do not desire to utilize a Purchaser Representative in connection with evaluating such merits and risks. I understand however that PCFG may request that I use a Purchaser Representative.

Initial Here: _____

(2) I intend to use the services of the following named person(s) as Purchaser Representative(s) in connection with evaluating the merits and risks of an investment and hereby appoint such person(s) to act as my Purchaser Representative(s) in connection with my proposed purchase of the investment.

Initial Here: _____

List name(s) and contact information of your Purchaser Representative(s), if applicable.

Except as indicated below, any purchases of the investment will be solely for my account, and not for the account of any other person or with a view to any resale or distribution thereof.

I represent to you that the information contained herein is complete and accurate and may be relied upon by you for the purpose of complying with all applicable securities laws. The undersigned agrees to notify PCFG promptly of any change in the foregoing information which may occur prior to any investment of PCFG by the undersigned.

Individual Investor

Name (Signature Required): _____ Date: _____

Mail to: Palm Coast Florida Group, LLC
Attn: Arthur E. Williamson, Jr.
791 Foothill Court
Toms River, NJ 08753
USA