

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30305

1. Entity Name
KENDALL FARMS, LTD.

Principal Place of Business
**105 OAKS COURT
SANFORD FL 32771**

Mailing Address
**105 OAKS COURT
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 16 AM 11:15
W
1/18



Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3039480**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2002

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CARLI, MARNITA K.
105 OAKS COURT
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$985,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARLI, MARNITA K. 105 OAKS COURT SANFORD FL	STREET ADDRESS	700004790097--5
NAME		CITY-ST-ZIP	01/22/02 01127-006 ***526.25 ***526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	WYATT, JENTA RAE 3823 NE. 19TH STREET OCALA FL	STREET ADDRESS	3823 NE 19th Street Circle
NAME		CITY-ST-ZIP	Ocala, FL 34470
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Jenta Rae Wyatt **1/14/02** **352-351-8558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE