SIGNATURE:

DOCUMENT # A9700001401						
IRON HORSE ELORIDA FARM LIMITED PARTNERSHIP					_ED	
	<u> </u>					
Principal Place of Business Mailing Address			• • •	ian 3	6 AM 11: 29	
745-12TH AVENUE SOUTH, SUITE E C/O JAMES H. KABCENEI NAPLES FL 34102 745-12TH AVENUE SOUTH NAPLES FL 34102		SHITE F SECR	ETAH MHAS	Y OF STATE SEE, FLORIDA		
2. Principal Place of Business 101 Aviation Dr. North 3. Mailing Address 101 Aviation			Dr. North		-	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
Naples, FL		City & State Naples, FL			4. FEI Number 65-0777152 Applied For Not Applicable	
Zip 34104	Country	Zip 34104	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
· · · · · · · · · · · · · · · · · · ·	Registered Agent		- 1	7. Name and Address of New Registered Agent		
YARCENE.	ILL, JAMES H		Name K	Name Kabcenell, James H		
745-12TH		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34102				101 Aviation Dr. North		
			Na	City Naples FL Zip Code 34104		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
9. Capital Contributions as Shown on record shown on record in FLORIDA to date. 10. Amount of Capital Contributions \$5,000,000.00 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		13.	ument	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P97000055966 RON HORSE FLORIDA FARM CORPORATION		STREET ADDRESS	10	l Aviation Dr. North	
STREET ADDRESS CITY-ST-ZIP	745-12TH AVENUE SOUTH, SUITE NAPLES FL 34102	12TH AVENUE SOUTH, SUITE E			ples, FL 34104	
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		7000036241670	
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DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			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						

n au/496810