2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 APR -6 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002573

1. Entity Name

LEWIS FAMILY FARMS PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
220 S.W. 32ND STREET FT. LAUDERDALE FL 33315	220 S.W. 32ND STREET FT. LAUDERDALE FL 33315-3324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
ROUTE 2 BOX 311		P O BOX 21107	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROCKY MOUNT, NC		City & State: FT. LAUDERDALE, FL.	
Zip: 27801	Country: USA	Zip: 33335-1107	Country: USA

4. FEI Number 65-0877673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JAMES R JR.
C/O LEWIS MARINE SUPPLY, INC.
220 S.W. 32ND STREET
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name: JOHN E. STEPHENS
Street Address (P.O. Box Number is Not Acceptable): 220 S W 32ND STREET
City: FT. LAUDERDALE, FL Zip Code 33315

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] JOHN E. STEPHENS 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $700,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000076548 LEWIS FARMS, INC. 220 S.W. 32ND STREET FT. LAUDERDALE FL 33315	STREET ADDRESS CITY-ST-ZIP	 500003217565--0 -04/21/00--01005--009
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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: SIGNATURE REQUIRED [signature] JAMES R. LEWIS, JR. 3/27/00 (954)523-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #