

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2003 8:00 am  
Secretary of State

02-11-2003 90049 037 \*\*\*\*50.00

DOCUMENT # L02000011704



1. Entity Name  
**THE SEED IS PLANTED, L.C.**

Principal Place of Business  
759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994

Mailing Address  
759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994

2. Principal Place of Business  
*1375 SE St. Lucie Blvd*

3. Mailing Address  
*PO Box 104*



CHECK HERE IF MAKING CHANGES

City & State  
*Stuart, FL*

City & State  
*Stuart, FL*

4. FEI Number  
*132-50-6689*

Applied For  
 Not Applicable

Zip *34996* Country *USA*

Zip *34995* Country *USA*

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RUTLAND, LEONARD JR**  
759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Lisa Addes</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lisa Addes, MGen</i> <i>1375 SE St. Lucie Blvd</i> <i>Stuart, FL 34996</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lisa Addes* MGen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: *2/11/03* Daytime Phone #: *772-223-8087*

CR2E083 (10/02)