FILE NOW: Fee after May 1, will be \$588.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTN Sandra B. N Secretary o DIVISION OF COI	Mortham of State	OTADO OL DAIS				
FILING FEE						97 APR 21 PM 12: 01			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9300000419					SECRETARY OF STATE TALLAHASSEE FLORIDA				
					1a. Principal Place of Business Address				
BALL/SB, L.C. 1740 N.W. 96TH AVE. SECOND FLOOR MIAMI FL 33172 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2					1740 N.W. 96TH AVE. SECOND FLOOR MIAMI FL 33172				
Principal Place			ng Address		3. Date Organize	d or Qualified	3a. State o	f Formation	
Suite, Apt. #, etc.		Suite, A	pt. #, etc.		11/29/19 4. FEI Number	93	FL	· · · · · · · · · · · · · · · · · · ·	
City & State City & S		tata		4. FET Number		_	Applied For		
Ony of State		City & S	rate		65-04552 5. Date of Last R		0.0045	Not Applicable	
Zip	Country	Zip	Cou	nlry		•		te of Status Desired	
7.	Name and Address of Curren	t Registered	J Agent		04/22/19 8. Name and Addr		Registered Age	ent	
THIRD F'L MIAMI FL 9. Pursuant to the lits registered office as registered age	KELL KEY DR. OOR 33131 e provisions of Sections 608.416 e or registered agent, or both, in the ont, and accepting obligations.			999 Po Suite, Apt. #, et	i d liability company su ative vote of a majority	FL bmits this sta	Zip Code 3313 stement for the ers. I hereby acc	4 purpose of changing	
SIGNATURE			(NOTE: Registered Agent signa	ng) C					
10. Title	Managing Members/Manage	irs	Busi	ness Street Address		City, State and Zip Code			
MGRM BALL HORTICULTURAL C, MGRM PAN AMERICAN CUTTINGS,			622 TOWN RD. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			WEST CHICAGO IL SANTA FE DE BOGOTA CO DODD21520842 -04/23/9701074012 ****203.75			
indicated on this a	nify that the information supplied winnual report is true and accurate npany or the receiver or trustee e	and that my	signature shall have the	e same legal effect a	is if made under oath;	that I am a m	anaging memb	er or manager of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER