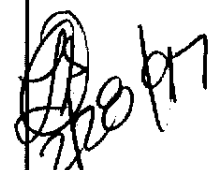
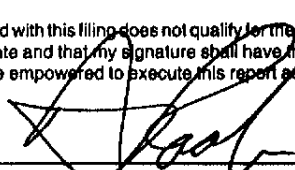


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company ROSEVILLE FARMS, L.C. 3251 PONKAN PINE ROAD APOPKA FL 32712		DOCUMENT # L95000000928 1a. Principal Place of Business Address 3251 PONKAN PINE ROAD APOPKA FL 32712		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
7. Name and Address of Current Registered Agent ELSBERRY, MICHAEL 215 N. FOLA DR. ORLANDO FL 32801		3. Date Organized or Qualified 12/01/1995 3a. State of Formation FL 4. FEI Number 59-834-8116 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 04/15/1996 6. Certificate of Status Desired SB 75 Additional Fee Required ☐		
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 000002103350--1 -03/04/97--01025--025 ****203.75 FL		9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____		
10. Title		Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM DFR ASSOCIATES, INC.		620 ESTATES PLACE	LONGWOOD FL	
MGRM RAAB, KIM E		620 ESTATES PLACE	LONGWOOD FL	
MGRM YOUNG, ANDREW S.		7509 SADLER RD	MT. DORA FL 32757	
				
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				
Date Daytime Phone #				