

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 20 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																					
1 Name and Mailing Address of Limited Liability Company DOCUMENT # 195000000928 ROSEVILLE FARMS, L.C. 3251 PONKAN PINE ROAD APOPKA FL 32712				1a. Principal Place of Business Address 3251 PONKAN PINE ROAD APOPKA FL 32712																	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/01/1995 3a. State of Formation FL 4. FEI Number 59-3348116 ☐ Applied For ☐ Not Applicable																	
		5. Date of Last Report 03/13/1998		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																	
7. Name and Address of Current Registered Agent ELSBERRY, MICHAEL 215 N. EOLA DR. ORLANDO FL 32801			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 _____			DATE _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>DFR ASSOCIATES, INC.</td> <td>620 ESTATES PLACE</td> <td>LONGWOOD FL</td> </tr> <tr> <td>MGRM</td> <td>RAAB, KIM E</td> <td>620 ESTATES PLACE</td> <td>LONGWOOD FL</td> </tr> <tr> <td>MGRM</td> <td>YOUNG, ANDREW S</td> <td>7509 SADLER RD.</td> <td>MT. DORA FL</td> </tr> </table>						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
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41110002853054--7 -04/27/99--01048--001 ****188.75 ****188.75																					
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: _____ <i>David L. Harris</i> 04/12/99 407 884-4559																					