



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 23 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 <div style="text-align: right; font-weight: bold;">DOCUMENT # 19800000 3201</div> <p style="text-align: center; font-weight: bold;">Associated Growers LLC</p>		1a. Principal Place of Business Address			
2 Principal Place of Business 15791 One Mile Road <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 15791 One Mile Road <small>Suite, Apt. #, etc.</small>		3. Date Organized or Qualified 12/15/98	
City & State Delray Beach, FL <small>Zip</small> 33446 <small>Country</small> USA		City & State Delray Beach, FL <small>Zip</small> 33446 <small>Country</small> USA		4. FEI Number 52-2135407	
				5. Date of Last Report N/A	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent K&R Investments, Inc. 6765 Casa Grande Way Delray Beach, FL 33446			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002858816 Suite, Apt. #, etc -04/30/99--01104--020 City FL <small>Zip Code</small> ****197.50		
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 _____		
(Required Agent Accepting Appointment) (Required Agent Accepting Appointment)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
Mgr.	Morton Reich	EquiMark Limited, 6765 Casa Grande Way	Delray Beach, FL 33446		
Mgr.	Mitchell Krassan	EquiMark Limited, 6765 Casa Grande Way	Delray Beach, FL 33446		
					
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: _____			(561) 498-5353		
INHSE10 R (12-98) Mitchell Krassan, Manager					