FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A96000001208

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 18 PH 1: 27

LEONARD FARMS LIMITED					
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 368	P.O. BOX 368		06/26/1996		
BLOUNTSTOWN FL 32424	BLOUNTSTOWN FL 32424	BLOUNTSTOWN FL 32424		\$9,544,500.00	
			10/17/1997	5b. Amou Contr	nt of Capital ibutions in FLORIDA
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		to date:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	city & State City & State		59-3404699 Not Applicable		Not Applicable
					\$8.75 Additional Fee Required
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
Name and Address of Current Registered Agent Name Nam		Name	10. If changed, new Registered Agent/Office		
Leonard, Burke H			(0.0 h)		
1701 SOUTH PEAR STREET BLOUNTSTOWN FL 32424		Street Address (P.O. Box Number Is Not Acceptable)			
		Sulle, Apt. #, etc.			
		City		FĻ	3999 Sept
for the purpose of changing its registered of	1051 and 620.192, Florida Statutes, the above-named flice or registered agent, or both, in the State of Florid ligations of section 620.192, Florida Statutes.				
	HAT IS A CORPORATION, L	IMITED P		R BUSI	NESS ENTITY
N	MUST BE REGISTERED AND	O ACTIVE	WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		1b. City, State & Zip Code	11c.	Registration/ Document Number
LEONARD, BURKE H	1701 SOUTH PEAR STREE		BLOUNTSTOWN FL 32424		
LEONARD, JOSEPH H	1526 S. MAIN, BOX 595		BLOUNTSTOWN FL 32424		
LEONARD, MICHAEL W	ROUTE 1, BOX 188		BLOUNTSTOWN FL 32424 200002 -09/27 *****5	646 2/980 26.25	5821 1082-017 ****526.25
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9-17-98

SIGNATURE ____ Daytime Telephone Number

empowered to execute this report as required by chapter 620, Florida Statutes.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Floride Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public eccess. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under ceth. I further certify that I am a General Partner of the limited partnership, receiver or trustee