LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

May 12, 2003 8:00 am Secretary of State DOCUMENT # L 0000001/877 05-12-2003 90087 030 ****50.00 1. Entity Name 5 ACROSS FARM L.L.C. 10104115 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 515 WILDWOOD LANE 515 WILDWOOD LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NAPLES, FL City & State NAPLES, FL Applied For 31-1771454 Not Applicable Zip 34105... Country Country \$5.00 Additional 5. Certificate of Status Desired U.S.A. 34105 Fee Required 7. Name and Address of Current Registered Agent Name H. KENT STANNER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 515 WILDWOOD LANE City NAPLES 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 18 N 122 SIGNATURE: FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE, 🚰 MANAGING MEMBER H. KENT STANNER TITLE NAME* STREET ADDRESS 515 WILDWOOD LANE CR2E083B CHTY-ST-ZIP -CITY-SI-ZIP NAPLES EL 34105 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE TITLE NAME NAME, STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP * TITLE TITLE IN THIS SPACE NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2 NAME . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" . CITY-ST-ZIP NAME NAME .

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this 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.

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED