

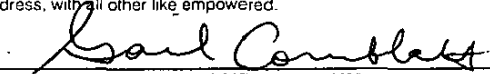


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90138 019 ****61.25

DOCUMENT # 752670 1. Entity Name ARAPAHOE FARMS, INC.					
Principal Place of Business TCG, LTD 2850 N. 28 TERR. HOLLYWOOD, FL 33020 US			Mailing Address TCG, LTD 2850 N. 28 TERR. HOLLYWOOD, FL 33020 US		
2. Principal Place of Business 2950 N. 28 TERR.		3. Mailing Address 2950 N. 28 TERR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 59-2191475	
Zip 33020		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE PA. WESTON CORPORATE CENTRE 2700 SOUTH COMMERCE PKWY 305-B WESTON, FLORIDA 33331			7. Name and Address of New Registered Agent BROUGH, CHADROW & LEVINE PA. WESTON CORPORATE CENTRE 2700 SOUTH COMMERCE PKWY 305-B WESTON FL 33331		
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.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CORNBLATT-ARONSKY, GAIL STREET ADDRESS 3330 S.W. 59 ST. CITY-ST-ZIP FT. LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME SCHWARTZ, JEAN STREET ADDRESS 3321 S.W. 57TH PL. CITY-ST-ZIP FT. LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SCHWARTZ, JEAN 3321 SW 57TH PLACE FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOFFELD, CATHY STREET ADDRESS 5811 SW 33RD LANE CITY-ST-ZIP FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D MAREK, JOAN 3330 SW 58 ST FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME COPLIN, ALAN STREET ADDRESS 3340 SW 59 ST CITY-ST-ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FARKAS, ERIC STREET ADDRESS 5810 SW 33 TERR CITY-ST-ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D FARKAS, ELAINE 5810 SW 33 TERRACE FT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GREENBERG, LAURENCE A STREET ADDRESS 5911 SW 33RD LANE CITY-ST-ZIP FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D ZOMAN, GREG 5730 SW 33 TERRACE FT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  2/23/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					