

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000412

1. Entity Name

LEROY ROHDE, LTD.

FILED

01 FEB 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4400 ROHDE ROAD
OKEECHOBEE FL 34972

Mailing Address
4400 ROHDE ROAD
OKEECHOBEE FL 34972

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

 Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MATTHEW W ESQ.
C/O FOLEY & LARDNER
100 NORTH TAMPA STREET, SUITE 2700
TAMPA FL 33602-5804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROHDE, LEROY 4400 ROHDE ROAD OKEECHOBEE FL 34972	STREET ADDRESS CITY-ST-ZIP	100003746551-4 -02/21/01--01125--012 ****158.75 ****122.50
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/01 407-436-1107
Date Daytime Phone #

03/03/01

AF

CR2E003 (11/00)