

2001 UNIFORM BUSINESS REPORT (UBR)

0012584 AF

DOCUMENT # A00000000782

1. Entity Name

ROCKY FORD FARMS, LTD.

FILED

01 FEB -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

307 S.E. RUTLEDGE STREET
MADISON FL 32340

Mailing Address

PO BOX 262
MADISON FL 32341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Rt. 3 Box 33

Suite, Apt. #, etc.

Rocky Ford Rd.

City & State

Madison FL

Suite, Apt. #, etc.

City & State

4. FEI Number

Applied For

Not Applicable

Zip

32340

Country

Madison

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRALEIGH, JAMES L

307 S.E. RUTLEDGE STREET

MADISON FL 32340

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.

\$34,800.00

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 FRALEIGH, ASHLEY H
STREET ADDRESS 2409 FIELDCREST DRIVE
CITY-ST-ZIP VALDOSTA GA 31602

STREET ADDRESS
CITY-ST-ZIP
000003677500-5
-02/13/01-01095-010
****332.35 ****332.35

DOCUMENT #
NAME FRALEIGH, ASHLEY H JR
STREET ADDRESS 4141 ROBINHOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME FRALEIGH, JAMES L
STREET ADDRESS 307 S.E. RUTLEDGE STREET
CITY-ST-ZIP MADISON FL 32340

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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

Date

Daytime Phone #

CR2E003 (11/00)