

2002 UNIFORM BUSINESS REPORT (UBR)

0006789 AT

DOCUMENT # A00000000782

1. Entity Name
ROCKY FORD FARMS, LTD.

FILED

02 MAR 26 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
RT. #3 BOX 33
ROCKKY FORD RD.
MADISON FL 32340

Mailing Address
PO BOX 262
MADISON FL 32341

2. Principal Place of Business
Rt. 3 Box 36A
Suite, Apt. #, etc.
Rocky Ford Rd.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Madison FL

City & State

Zip
32340

Country

DUE BY MAY 1, 2002

4. FEI Number
59-3644538 **APPLIED FOR**

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRALEIGH, JAMES L
307 S.E. RUTLEDGE STREET
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Rt 3 Box 36A
Rocky Ford Rd.

City Madison **FL** **Zip Code** 32340

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 *James L Fraleigh* **DATE** 3-15-02

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

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	
DOCUMENT #	
NAME	FRALEIGH, ASHLEY H
STREET ADDRESS	2409 FIELDCREST DRIVE
CITY-ST-ZIP	VALDOSTA GA 31602
DOCUMENT #	
NAME	FRALEIGH, ASHLEY H JR
STREET ADDRESS	4141 ROBINHOOD ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32210
DOCUMENT #	
NAME	FRALEIGH, JAMES L
STREET ADDRESS	307 S.E. RUTLEDGE STREET
CITY-ST-ZIP	MADISON FL 32340
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	Rt. 3 Box 36A
CITY-ST-ZIP	Madison, FL 32340
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James L Fraleigh* **DATE** 3-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)