

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000000782

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** ROCKY FORD FARMS, LTD.

**Current Principal Place of Business:**

1099 NE ROCKY FORD ROAD  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 262  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 59-3644538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRALEIGH, JAMES L  
1097 NE ROCKY FORD ROAD  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: FRALEIGH, ASHLEY H  
Address: P. O. BOX 592  
City-St-Zip: MADISON, FL 32341

Document #:

Name: FRALEIGH, ASHLEY H JR  
Address: 4141 ROBINHOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Document #:

Name: FRALEIGH, JAMES L  
Address: 1097 NE ROCKY FORD RD  
City-St-Zip: MADISON, FL 32340

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date