

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001111

1. Entity Name
WILLAWAY CATTLE & SOD LIMITED PARTNERSHIP



Principal Place of Business
P.O. BOX 370
OKEECHOBEE FL 34973

Mailing Address
P.O. BOX 370
OKEECHOBEE FL 34973

FILED
2003 MAY 14 PM 2:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite; Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State City & State

4. FEI Number 30-0103464	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

LLOYD, ROBIN A SR
3545 OCEAN DRIVE, SUITE 201
VERO BEACH FL 32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$7,110,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	L02000020699 J & K HOLCOMB HOLDINGS, L.L.C. 30395 NW 72ND AVENUE OKEECHOBEE FL 34972	STREET ADDRESS	5809818946296 05/14/03--01069--007 **535.00
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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: SOLOMON, INC. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03

863-467-6565

Daytime Phone #