2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A03065

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

WEST FLORIDA AGRO LTD.

Principal Place of Business	Mailing Address
315 E. NEW MARKET RD. IMMOKALEE FL 34142	P.O. BOX 3088 IMMOKALEE FL 34143-3088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1432929 ☐ Applied For ☐ Not Applicable

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
LIPMAN, LAWRENCE R 315 E. NEW MARKET RD. IMMOKALEE FL 34142	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$75,000.00		

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 #	L99000000596	STREET ADDRESS	
NAME	DAVID J. LIPMAN, L.L.C.	CITY-ST-ZIP	600003155896--2
STREET ADDRESS	315 E. NEW MARKET RD.		-03/03/00--01015--022
CITY-ST-ZIP	IMMOKALEE FL 34142		****526.25 ****526.25
DOCUMENT #	L99000000595	STREET ADDRESS	
NAME	LAWRENCE R. LIPMAN, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	315 E. NEW MARKET RD.		
CITY-ST-ZIP	IMMOKALEE FL 34142		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Lawrence Lipman SIGNATURE REQUIRED Lawrence Lipman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)