

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Matthew Harris Secretary of State DIVISION OF CORPORATIONS				FILED 01 DEC 18 PM 5:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A20618					
1. Name of Limited Partnership TRI-FARMS ASSOCIATES, LTD. 1900 Glades Road STE 245 Boca Raton FL 33431-					
2. Principal Office Address 1900 Glades Road Suite, Apt. #, etc. Suite 245 City & State Boca Raton FL Zip 33431 Country Palm Beach		3. Mailing Office Address 1900 Glades Road Suite, Apt. #, etc. Suite 245 City & State Boca Raton FL Zip 33431 Country Palm Beach		4. Date Formed or Registered To Do Business in Florida 08/23/85	
5. FEI Number 59-2536482		Applied For ☐ Not Applicable			
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status				7a. Capital Contributions as shown on Record: \$250,000.00	
7b. Amount of Capital Contributions in FLORIDA to date:				FEEs: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1982 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8. Name and Address of Current Registered Agent Name Martin F. Greenberg Street Address (P.O. Box Number is Not Acceptable) 1900 Glades Road Suite, Apt. #, Etc. Suite 245 City Boca Raton State FL Zip Code 33431					
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Florida N.E. Dev. Corp		1900 Glades Road Suite 245 Boca Raton FL 33431		Boca Raton FL 33431	
Security Land Holding Co		2646 SW 20th St.		Ocala FL 34474	
				10a. Registration Document Number F37401 000004742800-- -12/28/01--01061--005 ***1026.25 ***1026.25 374462	
RENEW STATEMENT 2001					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____ DATE <u>12/13/01</u>					
Typed or Printed Name of General Partner Signing Form <u>MARTIN F. Greenberg - Pres. Dev. FL NE Develop Corp</u> Telephone Number <u>561-347-8585</u>					

C22539 (8-00)