

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A20618

1. Entity Name

TRI-FARMS ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

FILED

02 APR 18 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 Glades Road

3. Mailing Address

1900 Glades Road

Suite, Apt. #, etc.

Suite 245

Suite, Apt. #, etc.

Suite 245

City & State

Boca Raton Fl 33431-8548

City & State

Boca Raton Fl

DUE BY MAY 1

4. FEI Number

59-2536482

Applied For

Not Applicable

Zip

33431-8548

Country

Zip

33431-8548

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Martin F. Greenberg

Street Address (P.O. Box Number is Not Acceptable)

1900 Glades Road

Suite 245

City

Boca Raton Fl

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions

as Shown on record. \$250,000.00

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	STREET ADDRESS	CITY-ST-ZIP
F37401	Florida N.E. Develop. Corp	1900 Glades Rd Ste 245 Boca Raton Fl 33431	
374462	Security Land Holding Co.	2646 S.W. 20th Street Ocala Fl	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres. FLORIDA N.E. Develop. Corp 6P. 4/15/02 561
347-8585

CR2E003B (12/01)