## 2001 UNIFORM BUSINESS REPORT (UBR)

	_ <del></del>				-	*	
DOCUMENT # A22320 1. Entity Name						ي	
W&F AGRIGROWTH - FERNFIELD, LTD.				FILED			
Principal Place of Business Mailing Address					01 JAN 22 AM II: 45		
2414 SHEFFIELD AVE. 106 TAINE MOUNTAIN RD. ORLANDO FL 32806 BURLINGTON CT 06013					SECRETARY OF STATE		
					TALLAHASSEE FLORIDA		
2. Principal F	3. Mailing Address	Mailing Address		-			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State		<del></del>	4. FEI Number 59-2785416	Applied For Not Applicable	
Zip Country		Zip Country		ntry		8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered A		
				Name			
JENNINGS, DONNA M				Street Address (P.O. Box Number is Not Acceptable)			
2414 SHEFFIELD AVE. ORLANDO FL 32806							
<b></b>				City	FL	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	register	Led office or register	red agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a				l when reinstating) DATE		
9. Capital Co	optributions	10. Amount of Capit		d Agent signature required butions	11. MAKE CHECK PAYABLE	TO DEPT. OF STATE	
	on record. \$2,190,566.00	in FLORIDA to d	ate.		SEE REVERSE SIDE FOR		
					TERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general part		
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	WILLINGHAM, JAMES E.		STR	EET ADDRESS		ļ	
STREET ADDRESS CITY-ST-ZIP	2900 MONACO CT. ORLANDO FL	СІТУ		-ST-ZIP	3	2-806	
DOCUMENT # NAME	ST.			EET ADDRESS	DORFSS		
STREET ADDRESS CITY-ST-ZIP	FENNER, JAMES H. 106 TAINE MOUNTAIN RD. BURLINGTON CT 06013-1913		City	-ST-ZIP	7000035764474 -01/26/0101048026 ****526.25 ****526.25		
DOCUMENT #	F42610			EET ADDRESS			
STREET ADDRESS	FENNER & ASSOCIATES, INC			-ST-ZIP			
CITY-ST-ZIP	BURLINGTON CT 06013-1913						
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			_1	-ST-ZIP			
14. I hereby of indicated the received	certify that the information supplied with I on this report is true and accurate and ver or trustee empowered to execute this	this filing does not qualify for that my signature shall have s report as required by Chap	r the exe the same ter 620, I	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certinade under oath; that I am a General Partner of the	fy that the information ne limited partnership or	