2001	UNIFORM	BUSINESS	REPORT ((UBR)
	—			,

DOCUMENT # A30615 1. Entity Name							
SOUTHE	RN FARMS LTD.						
Principal Place of Business Mailing Address				ROPERTIES 01	FILED		
C/O RONALD P. GRIGSBY. SFG PROPERTIES C/O RONALD P. GRIGSBY. S P.O. BOX 985 P.O. BOX 985			. SFG PR	.0, 2,,,,,	APR 20 PM 12: 09		
LAKE PLACID FL 33852 LAKE PLACID FL 33852				TALLA	ETARY OF STATE 4HASSE HUHUM AU M III III III III III III III III III I		
Principal Place of Business 3. Mailing Address			<u> </u>	-			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4. FEI Number 59-3025338 Applied For Not Applicable		
Zip	Country	Zip	Count	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent		
-	RONALD P HWAY 70 EAST	s garage en soms en	!	Street Address (P.O. Box Number is Not Acceptable)			
	CID FL 33852			1511	US 27 South		
•				City	PLACID FL Zip Code 52		
8. The above	named entity submits this statement or	the purpose of changing its	registere				
SIGNATURE Signature, typed or printed name of registered agent and title if physicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da	ite.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
					TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.		
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY		
DOCUMENT # GP000000880 NAME SAMARON PROPERTIES, A FLORIDA G.P.		STREE	ET ADDRESS	1511 US 27 SOUTH			
STREET ADDRESS CITY-ST-ZIP	4101 HIGHWAY 70 EAST LAKE PLACID FL 33852	·	CITY-	ST-ZIP	LAKE PLACID FL 33852		
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT #			STREE	ET ADDRESS	7000041377378 -05/07/0101010006		
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DOQUMENT # NAME			STREE	T ADDRESS			
STREET ADDRESS CITY-\$T-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATOR PRINTED NAME							