2000 UNIFORM BUSINESS REPORT (UBR) APPROVED A32133 🛷 DOCUMENT # 1. Entity Name 00 APR -3 PM 12: 12 SUN GROWN CITRUS, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 701 HARGER ROAD, SUITE 190 701 HARGER ROAD, SUITE 190 OAK BROOK IL 60523-1490 OAK BROOK IL 60521 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 36-3769532 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$4,294,355.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. P35979 DOCUMENT # STREET ADDRESS GAG CITRUS COMPANY SUNGROWN CITTZUS NAME 900003214069--2 STREET ADDRESS 701 HARGER ROAD, #190 CITY-ST-ZIP -04/1<u>9/00--01019--007</u> CITY-ST-ZIP OAK BROOK IL AMENDMENT FILED 3/3/99 ****526.25 ****526.25 DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS S/RET ADDRESS CITY-ST-ZIP TY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing ages 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 recognized by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

Sûñ Grown Stephen M. Schuster

DOCUMENT #

NAME STREET ADORESS

12.

Vice President

3/15/00