

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012898 AT



DUE BY MAY 1, 2002

DOCUMENT # A93000000536

1. Entity Name
LYLE FAMILY FARMS LTD.

Principal Place of Business 26791 HICKORY LOOP LUTZ FL 33549 33559	Mailing Address 26791 HICKORY LOOP LUTZ FL 33549 33559
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3177277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMORROW, WILLIAM C
18167 U.S. HWY 19 N., SUITE 195
CLEARWATER FL 34624**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	LYLE, FRED D JR 26791 HICKORY LOOP LUTZ FL 33549
DOCUMENT #	LYLE, JEAN W 26791 HICKORY LOOP LUTZ FL 33549
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	100005451611-6
CITY-ST-ZIP	-05/03/02--01111--015 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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]** **4/20/02 813-973-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #