


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013084 AT

DOCUMENT # A93000000536

1. Entity Name
LYLE FAMILY FARMS LTD.



FILED

03 APR 25 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
26791 HICKORY LOOP
LUTZ FL 33559

Mailing Address
26791 HICKORY LOOP
LUTZ FL 33559



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4/25

DUE BY MAY 1, 2003

4. FEI Number 59-3177277

	Applied For
	Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LYLE, FRED D JR 26791 HICKORY LOOP LUTZ FL 33549	STREET ADDRESS CITY-ST-ZIP	200017115612 04/25/03--01078--022 *\$141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LYLE, JEAN W 26791 HICKORY LOOP LUTZ FL 33549	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (10/02)

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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03 813-973-0800

Date Daytime Phone #

STAPLE CHECK HERE