

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015025 AT

DOCUMENT # A97000000641
 1. Entity Name
IRRI LAND LIMITED PARTNERSHIP



FILED

03 APR 22 PM 2:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1401 COUNTY ROAD 830
 FELDA FL 33930

Mailing Address
 P.O. BOX 128
 FELDA FL 33930

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0736517**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUFFMAN, MARLIN
 1401 COUNTY ROAD 830
 FELDA FL 33930

7. Name and Address of New Registered Agent
 Name **Michael Huffman**
 Street Address (P.O. Box Number is Not Acceptable)
1401 C.R. 830
 City **Felda** FL Zip Code **33930**

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 **Michael Huffman**
 President/CEO
 DATE **4/18/03**

9. Capital Contributions as Shown on record. **\$29,700.00**

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	
DOCUMENT #	K65670
NAME	PLANTATION BOTANICALS, INC.
STREET ADDRESS	1401 COUNTY ROAD 830
CITY-ST-ZIP	FELDA FL 33930
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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: **Michael Huffman** 4/18/03 (863) 675-2984
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE