


FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002426 1. Entity Name PATRIOT FARMS, LIMITED PARTNERSHIP				Apr 26, 2004 08:00 AM Secretary of State	
Principal Place of Business 2696 SW 96TH STREET STUART, FL 34997		Mailing Address 2696 SW 96TH STREET STUART, FL 34997			
2. Principal Place of Business		3. Mailing Address		04142004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0792266	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARACH, MANUEL 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	P97000095476 PATRIOT FARMS, INC. 2696 S.W. 96TH STREET STUART, FL 34997	STREET ADDRESS			
		CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	U00000146471 05/03/04-80062-018 141.25		
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		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: <i>Patricia J. ...</i> <i>Patricia J. ...</i> <i>Kenneth C. Kropp</i> 4/21/04 772-286-0181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					