


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  98 DEC -7 AM 10:54	
1. Name of Limited Partnership  <b>HARRIS FARMS, LTD.</b>		1a. <b>DOCUMENT #</b> <b>A97000002687</b>		
Mailing Address  2024 N. STATE ROAD 715 BELLE GLADE FL 33430		Principal Office Address  2024 N. STATE ROAD 715 BELLE GLADE FL 33430		3. Date Formed or Registered  12/11/1997
2. Mailing Address P.O. BOX 952		2a. Principal Office Address		3a. Date of Last Report  12/24/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation  FL
City & State <b>BELLE GLADE, FL</b>		City & State		5a. Capital Contributions as Shown on record.  \$2,630,530.00
Zip Country 33430 USA		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date:  1,030,420.00
6. FEI Number <b>65-0799383</b> <b>APPLIED FOR</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. Certificate of Status Desired  <input type="checkbox"/>		\$8.75 Additional Fee Required		
8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent  NOWICKI, MARK J ESQ. 14155 US HIGHWAY ONE SUITE 302 JUNO BEACH FL 33408		10. If changed, new Registered Agent/Office  Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City  FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____				
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>				
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
HWH FARMS, INC.	2024 N. STATE ROAD 71	BELLE GLADE FL 33430	P97000104455	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.				
SIGNATURE <u><i>Harold W. Harris</i></u>		DATE <u>12-4-98</u>		
Typed or Printed Name of General Partner Signing Form <b>HWH FARMS INC.</b>		Daytime Telephone Number <b>561-996-8707</b>		

CR2E003 (8/98)