


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:31

DOCUMENT # A97000002687					
1. Entity Name <b>HARRIS FARMS, LTD.</b>					
Principal Place of Business P.O. BOX 952 BELLE GLADE, FL 33430			Mailing Address P.O. BOX 952 BELLE GLADE, FL 33430		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0799383</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOWICKI, MARK J ESQ. 14155 US HIGHWAY ONE SUITE 302 JUNO BEACH, FL 33408			Name <b>HORACE W. HARRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2024 N. STATE ROAD 15</b> City <b>BELLE GLADE</b> <b>FL</b> Zip Code <b>33430</b>		
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 <u><i>Horace W. Harris</i></u>			Horace W. Harris DATE: <u>2-14-05</u>		
9. Capital Contributions as Shown on record. <b>\$2,630,530.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>2,630,530</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000104455		STREET ADDRESS		
NAME	HWH FARMS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2024 N. STATE ROAD 715		CITY-ST-ZIP		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <u><i>Horace W. Harris</i></u>			HWH FARMS INC. <u>2-14-05</u> 561-996-8707 <small>DATE</small>		

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