2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JAN 15 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10001 AI

DOCUMENT # A98000001734

1. Entity Name
ILLAHAW, LTD.

Principal Place of Business
1800 SIR LANCELOT CIRCLE
ST.CLOUD FL 34772

Mailing Address
P.O. BOX 700248
ST. CLOUD FL 34770

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 59-3527648
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICKETT, KELI W
1800 SIR LANCELOT CIRCLE
ST CLOUD FL 34772

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
Signature, typed or printed name of registered agent and title if applicable.
DATE

9. Capital Contributions as Shown on record. $325,800.00

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 #	L98000001142	STREET ADDRESS	
NAME	LYNDELL CITRUS & CATTLE, LLC	CITY-ST-ZIP	
STREET ADDRESS	1800 SIR LANCELOT CIR.		
CITY-ST-ZIP	ST. CLOUD FL 34772		
DOCUMENT #		STREET ADDRESS	200001128202 01/15/03--01052--009 **535.00
NAME		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: SIGNATURE REQUIRED 1/13/03 407-891-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)