2000-2003

1 of 2

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001392

1. Entity Name

O'SULLIVAN FARMS, LTD.

FILED
03 MAY -9 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400018677264
05/09/03--01082--006 **141.25
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5012 EVELYN DRIVE	5012 EVELYN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FL	TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number: None ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WATERS, CODY W.

Street Address (P.O. Box Number is Not Acceptable): 501 EAST KENNEDY BLVD

Suite 1700

City: TAMPA FL Zip Code: 33602

6. 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

9. Capital Contributions as shown on record: 5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date: 1,984.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000057506 O'SULLIVAN GROUP, INC. 5012 EVELYN DRIVE TAMPA, FL 33609
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STAPLE CHECK HERE

CR2E008 (1/02)

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: James T. O'Sullivan 4/18/03 #547910827

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

JAMES T. O'SULLIVAN

ATTACHMENT 2 of 2
A99000001392

March 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: O'Sullivan Farms, Ltd.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for $150.00 and Form 2003 Uniform Business Report for the above referenced limited partnership.

Please be advised that the above referenced limited partnership never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at # 8479108827.

Sincerely,

James O'Sullivan