

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90010 028 \*\*\*150.00

REGULAR AT

**DOCUMENT # J77046**  
 1. Entity Name  
**LITTLE FARM PROPERTIES, INC.**

Principal Place of Business      Mailing Address  
**5154 ISLAND VIEW CIRCLE, NORTH**      **5154 ISLAND VIEW CIRCLE, NORTH**  
**POLK CITY FL 33868**      **POLK CITY FL 33868**



2. Principal Place of Business      3. Mailing Address  
**1964 5th Court SE**      **1964 5th Court S.E**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Vero Beach, Fla**      **Vero Beach Fla**  
 Zip      Country      Zip      Country  
**32962**      **USA**      **32962**      **USA**

4. FEI Number      Applied For  
**59-2829953**      Not Applicable  
 5.-Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROCKMAN, LOUIS M.**  
**8500 SW 92 ST**  
**SUITE 106**  
**MIAMI FL 33156**

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAUFLE, JACK</b>	
STREET ADDRESS	<b>5154 ISLAND VIEW CIRCLE, NORTH</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAUFLE, NANCY</b>	
STREET ADDRESS	<b>5154 ISLAND VIEW CIR NORTH</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAUFLE, NANCY</b>	
STREET ADDRESS	<b>5154 ISLAND VIEW CIRCLE, NORTH</b>	
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>EDMONDS, EDWIN</b>	
STREET ADDRESS	<b>3050 N.E. 39TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Schaufele, Sec. Treas.      Date: 2/4/02      Daytime Phone #: 863-984-8117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)