

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007949

1. Entity Name

CENTRAL FLORIDA GROWERS, L.L.C.



FILED

2003 OCT -3 AM 11:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHECK HERE IF MAKING CHANGES

Principal Place of Business 5701 WEST LAKE BUTLER ROAD WINDERMERE FL 34786		Mailing Address 5701 WEST LAKE BUTLER ROAD WINDERMERE FL 34786	
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 65-1039423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMS, LORI CPA CHASTANG, FERRELL, SIMS & EISERMAN, LLC 1400 NORTH FAIRBANKS AVENUE - SUITE 102 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name: Darand Williams Street Address (P.O. Box Number is Not Acceptable): 5701 West Lake Butler Road City: Windermere FL Zip Code: 34786	
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] DATE: 8/8/03 (NOTE: Registered Agent signature required when reinstating)			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DARAND 5701 WEST LAKE BUTLER ROAD WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: [Signature]		8/8	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	