## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am § Secretary of State DOCUMENT # L0000010246 05-06-2002 90134 005 \*\*\*\*50.00 GRACEWOOD TRADING COMPANY LLC Principal Place of Business Mailing Address 1626 90TH AVENUE 1626 90TH AVENUE 0 6 6 x y yVERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 59-138 APPLIED, FOR City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTHER, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1626 90TH AVENUE VERO BEACH FL 32966 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BELAIR PACKING HOUSE JOINT VENTURE NAME STREET ADDRESS 1626 - 90TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME LUTHER, JOHN M NAME STREET ADDRESS 555 HIGHWAY A1A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JARVIS, WILLIAM S NAME STREET ADDRESS 445 GREYTWIG RD. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change Addition NAME RUST, GARY M STREET ADDRESS 405-33RD AVE. SW STREET ADDRESS CITY-ST-ZIP **VERO BEACH FL 32968** CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME ROBY, DAVID A NAME STREET ADDRESS 3316 SAN CARLOS ST. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WARNER, KATHLEEN S NAME STREET ADDRESS 3113 FENCELINE RD. STREET ADDRESS CITY-ST-ZIP **RACINE WI 53406** CITY-ST-ZIP 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 raceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Pho