DOCUMENT # L00000011877								· /:				
5 ACROSS FARM L.L.C.								FILE	- n			
		1				•						
Principal Place of Business				Mailing Address				JG 21	PH 12: 1	7		
515 WILWOOD LANE NAPLES FL 34105				515 WILWOOD LANE SECRE NAPLES FL 34105 TALLA				TARY (	F STATE			,
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DC	NOT WRITE IN THIS	SPACE	
City & State				City & State				4. FEI Number X Applied For Not Applicable				
Zip Country			Z	`	Countr	у	5. Certificate of Status Desired			\$5.00 Add Fee Require	ditional	
6. Name and Address of Current Re				stered Agent		.Name	7. Name and Address of New Registered Agent					
STANNER, H. KENT				A SAME OF THE SAME								
515 WILWOOD LANE					Street /			ess (P.O. Box Number is Not Acceptable)				
NA	NPLES FL 34	105										
						City				F	Zip Cod	е
SIGNATI IRE			registered agent and title if		: Registered i	Agent signatu	re required :	when reinstati	ng)	DATE	Pr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
				FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department o  Due By September 26, 2001			nent of	State		OO4552 -08/23/01 ******50.00	-01069	
9.		MANAC	SING MEMBERS/MA	NAGERS	10.			i	Al	DDITIONS/CHANGE		40,000
TITLE				☐ Delete	TITLE	Ì	Mana	giņg	Membe	r	☐ Change	Addition
AME Treet address Ity-St-Zip					NAME STREET CITY-S	F ADDRESS	515	ging Member □ Change 1 ent Stanner Wildwood Lane es, FL 34105				
TITLE	TLE			☐ Delete TITL			парт	<del>,</del>			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						r address ST-21P						
TITLE		<del>:</del>	<del></del>	☐ Delete	TITLE						☐ Change	☐ Addition
NAME			~-		NAME				-	* ~ <del>~ ~ ~</del>		
STREET ADDRESS CITY-ST-ZIP					CITY-S	ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS					NAME STREET	ADDRESS						
CITY-ST-ZIP					CITY+S							
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NAME Street <mark>a</mark> ddress					name Street	ADDRESS						-
CITY-ST-ZIP					CITY-S							
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS					NAME STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	- 1						

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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