

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000011907

FILED
Sep 15, 2003
Secretary of State

Entity Name: AGRICOLA MARNELL FLOWERS GROWERS, L.L.C.

Current Principal Place of Business:

6405 NW 36 STREET
SUITE 221
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6405 NW 36 STREET
SUITE 221
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-1048424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHA, MARTIN C
715 CRANDON BLVD
APT 505
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ROCHA, MARTIN C
678 FERNWOOD ROAD
KEY BISCAYNE, FL 33149 US

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: ROCHA, MARTIN C.

09/15/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROCHA, MARTIN C
Address: 715 CRANDON BLVD #505
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: BELTRAN, LUZ M
Address: 715 CRANDON BLVD #505
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROCHA, MARTIN C
Address: 678 FERNWOOD ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: BELTRAN, LUZ M
Address: 678 FERNWOOD ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROCHA, MARTIN C

MGRM

09/15/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date