2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100003406 1. Entity Name CONTINENTAL FARMS, LLC Principal Place of Business Mailing Address

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90049 032 ****50.00

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Principal Place	e of Business	Mailing Address	·						
		1800 NW 89TH PLACE MIAMI FL 33172							
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	FEI Numb	per 65-1097961			plied For
Zip	Country	Zip	Country -	5.	Certificat	e of Status Desired [⇒ \$5.0		
<u></u>	6. Name and Address of Current	Registered Agent	<u> </u>	7.	Name an	d Address of New Regis		oquirec	
			Name						
236 8	PORATE ACCESS, INC. E. 6TH AVENUE		Street Address		(P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32303				~·	· 			-
		•	City				FL Z	o Code	;
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registered office or i	registered a	igent, or bo	oth, in the State of Florida	I am familiar	with, a	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur	re required when	reinstating)		DATE		
	•		IOW!!! FEE IS \$5		4 04-4-				
		Make Check Payat	•		ii State				
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q .	MANAGING MEMBE		ue By May 1, 2003 ■ 10.			ADDITIONS/CHA	NGES		
9. TITLE	MANAGING MEMBE	RS/MANAGERS	10.	- ·	Ter	ADDITIONS/CHA		nange	Addition
9. TITLE NAME	MGRM		10. TITLE	Manag			ANGES CI	nange	☐ Addition
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TITLE NAME	MGRM TEPER, L. JAMES 360 ARVIDA PARKWAY CORAL GABLES FL 33156	RS/MANAGERS	10. TITLE NAME	Manag Teper 360-A	rvid		 		
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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: Manager
SIGNATURE AND TYPED OR POINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

1/14/83 35-59. Date Daylime Phone R 32E083 (10/02)