2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90020 013 ****55.00

DOCUMENT # L01000004736

1. Entity Name
CALUSA GROWERS, L.C.

Principal Place of Business	Mailing Address
115 W. OLYMPIA AVENUE PUNTA GORDA FL 33950-4430 US	POST OFFICE DRAWER 511447 PUNTA GORDA FL 33951-1447 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
99 Nesbit Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL 33950	City & State
Zip / Country	Zip / Country

4. FEI Number: 74-3033064 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT II, JACK O 115 W. OLYMPIA AVENUE PUNTA GORDA FL 33950	Name: Jack O. Hackett II Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street City: Punta Gorda FL Zip Code 33950

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 ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Manager NAME Henry S. Lang STREET ADDRESS 2000 N. 15th Avenue CITY-ST-ZIP Melrose Park, IL 60160	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: REQUIRED Henry S. Lang — March 28,2002 — 941-639-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #