LIMITED LIABILITY COMPANY ் Uniform Business Report (UBR)

L01000022215

DOCUMENT#

FREEDOM FARMS, LLC

1. Entity Name

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90609 002 ****50.00

			<u>J</u> _						
DO NOT WRITE IN THIS SPACE						958349			
2. Principal Place of Business 3. Mailing Address 200 NW AVENUE L P.O. BOX			2045	· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.			P.O. BOX 2047 Suite, Apt. #, etc.						
011	овис, др. н, ес.	DO NOT WRITE IN THIS SPACE							
City & State BELLE GLADE, FL		City & State			4. FEI Number X Applied For				
Zip Country		BELLE GLA		APPLIE	APPLIED FOR Not.				
	LM BEACH	33430	Cour PA	ntry ALM BEACI	5. Certificate	of Status Desired		5.00 Additional	
			 			ddress of Current	Registered	ee Required	4
חח	NOT WE	DITE		Name MARK			- togistered	- yent	\dashv
DO MOLANCIE				MARK J. NOWICKI, P.A. Street Address (P.O. Box Number is Not Acceptable)					_
IN THIS SPACE				14155	U.S. HIC	HWAY ONE	/ 		
				SUITE					\neg
				City			FL	Zip Code	
8. The above named entity subm	nits this statement for the	he purpose of changing	its registere	JUNO F	SEACH		<u></u>	33408	_[
		. .	,	ou omee or registr	ered agent, or both	. In the State of Flor	ida.		
SIGNATURE Signature, typed or printed	d name of registered agent and	title if applicable			·			•	
		and applicable.		· · · · · · · · · · · · · · · · · · ·			DATE		
	•	Make Check I	FEE IS	\$50.00	<u></u>				ヿ
		Make Check F	ayable to	Department	of State				
9.	AANACINIC MEMBERS	L L	DUE BY	WAY					-
Manager	MANAGING MEMBERS	/MANAGERS							-
	WALTER B. WILKINSON								ᆂ
ITY-ST-ZIP 223 PARK ROAD NORTH			MAME						12/2
				STREET ADDRESS CITY-ST-ZIP					CR2E083B (12/01)
MANAGER REACH, FL 33411			TITLE		 				8
AME JOEE T	JOE E THOMPSON			~]					12
116 WANDADK WDAY			NAME Street	T ADDRESS.					5
WELLINGTON FI 33414			CITY-S						
MANAGER	O.V., T.E. 3.		TITLE	. ,					1
ME JAMES S. MCNEILL			NAME						
TV_QT_7/P _ 1294 BRA	MPTON COVE	2	STREET	ADDRESS	-			e e	1
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NAME		•	TITLE	1	IN	THIS S	DAC		\top
STREET ADDRESS				T ADDRESS			IAU	L	
CITY-ST-ZIP				ST-ZIP					
ITLE			TITLE					· · · · · · · · · · · · · · · · · · ·	_
AME TREET ADDRESS			NAME			•			
ITY-ST-ZIP			STREE	TADDRESS					
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AME			TITLE						4
i			NAME	}					
FREET ADDRESS									
ree i address TY-ST-ZIP			STREET CITY-S	ADDRESS	•				

1. Thereby 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 accurage and that my signature small 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 of this tee epipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: // // V/V V/ Y/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGN unde MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02

561-996-2800