

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90019 044 \*\*\*\*55.00

DOCUMENT # L01000022815

1. Entity Name

ROSEMONT FARMS PARTNERS LLC

**DO NOT WRITE IN THIS SPACE**

B0048107

2. Principal Place of Business

2700 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 410

City & State

BOCA RATON, FL.

Zip

33431

Country

3. Mailing Address

2700 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 410

City & State

BOCA RATON, FL.

Zip

33431

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0534357

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN S. FLETCHER

Street Address (P.O. Box Number is Not Acceptable)

200 S. BISCAYNE BLVD.

1300 FIRST UNION FINANCIAL CENTER

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR.
NAME	DON BRODIE
STREET ADDRESS	400 SE 5 AVE. N-1003
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	MGR.
NAME	ANDREW SCHWARTZ
STREET ADDRESS	4949 NW 23 CT.
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	MGR.
NAME	FRANK SEGUI
STREET ADDRESS	6834 WEDGEWOOD VILLAGE CT.
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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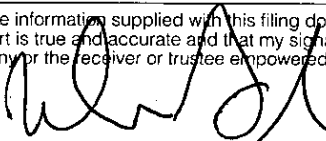
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IN THIS SPACE**

CR2E083B (12/01)

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:



DON BRODIE, MGR.

2/28/02

(561) 999-0200

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

Date

Daytime Phone #