

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

DOCUMENT # L01000022815

Entity Name

ROSEMONT FARMS PARTNERS LLC

AMENDED

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 2. Principal Place of Business <u>2700 N. MILITARY TRAIL</u> Suite, Apt. #, etc. <u>SUITE 410</u> City & State <u>BOCA RATON, FL.</u> Zip <u>33431</u> | | 3. Mailing Address <u>2700 N. MILITARY TRAIL</u> Suite, Apt. #, etc. <u>SUITE 410</u> City & State <u>BOCA RATON, FL.</u> Zip <u>33431</u> | |
|---|--|---|--|

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| | |
|--|--|
| 4. FEI Number <u>02-0534357</u> | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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IN THIS SPACE**

| | |
|--|--------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name <u>JOHN S. FLETCHER</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>200 S. BISCAYNE BLVD.</u> | |
| City <u>MIAMI</u> | Zip Code <u>33131</u> |

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

DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>MGR.</u> <u>DON BRODIE</u> <u>400 SE 5 AVE. N-1003</u> <u>BOCA RATON FL 33432</u> | <input checked="" type="checkbox"/> DELETE | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>MGR.</u> <u>ANDREW SCHWARTZ</u> <u>4949 NW 23 CT.</u> <u>BOCA RATON FL 33431</u> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>MGR.</u> <u>FRANK SEGUI</u> <u>6834 WEDGEWOOD VILLAGE CT.</u> <u>LAKE WORTH FL 33463</u> | <input checked="" type="checkbox"/> DELETE | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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IN THIS SPACE**

11. I hereby certify that the information indicated on this report is true and correct.

Member or manager of the

SIGNATURE:

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

ANDREW SCHWARTZ 4/23/02 (561) 999-0200

CR2E083B (12/01)