

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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 003 ****50.00

DOCUMENT # L02000010028

1. Entity Name
CENTRAL TURF FARMS LLC



DO NOT WRITE IN THIS SPACE

24028748

2. Principal Place of Business
1500 Orange Avenue
Suite, Apt. #, etc.

3. Mailing Address
1500 Orange Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Cloud, FL 34769
Zip
34769
Country
Osceola

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St Cloud, FL 34769
Zip
34769
Country
Osceola

4. FEI Number
30-0069006
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mike Kelley
Street Address (P.O. Box Number is Not Acceptable)
1500 Orange Avenue
City
St Cloud, FL Zip Code
34769

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
Mike Kelley
STREET ADDRESS
1500 Orange Avenue
CITY-ST-ZIP
St Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
Robert Perry
STREET ADDRESS
1500 Orange Avenue
CITY-ST-ZIP
St Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
Venture Holdings, Inc
STREET ADDRESS
1500 Orange Avenue
CITY-ST-ZIP
St Cloud, FL 34769

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/22/04 407-294-9625

CR2E083B (12/02)