

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/31/2003-90063-030-\$50.00-\$50.00

DOCUMENT # L02000010028

1. Entity Name  
CENTRAL TURF FARMS LLC



03 MAR -4 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1500 ORANGE AVE  
ST CLOUD FL 34769

Mailing Address  
1500 ORANGE AVE  
ST CLOUD FL 34769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0069006

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, MIKE  
1500 ORANGE AVE  
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME KELLEY, MIKE  
STREET ADDRESS 1500 ORANGAE AVE  
CITY-ST-ZIP ST CLOUD FL 34769

TITLE MGRM  
NAME PERRY, ROBERT  
STREET ADDRESS 1500 ORANGAE AVE  
CITY-ST-ZIP ST CLOUD FL 34769

TITLE MGRM  
NAME VENTURE HOLDINGS, INC.  
STREET ADDRESS 1500 ORANGAE AVE  
CITY-ST-ZIP ST CLOUD FL 34769

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

1-24-03

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

Date

Daytime Phone #

CR2E083 (10/02)