

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

1. DOCUMENT # L03000000007

03 DEC -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012902 01 AT 0.292 **AUTO T7 0 0615 33483-481108



SPLIT CREEK FARMS, L.L.C.
908 IRIS DRIVE
DELRAY BEACH FL 33483-4811



2. New Mailing Address 13000 52nd Place South		4. State/Country of Formation FL	
City, State, Zip Lake Worth, FL 33467		5. Date Organized or Qualified To Do Business in Florida 12/30/2002	
Principal Place of Business 908 IRIS DRIVE DELRAY BEACH FL 33483	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-3092076	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KRISE, CHERYL L 908 IRIS DRIVE DELRAY BEACH FL 33483		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025339474 12/09/03--01016--012 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11-15-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KRISE, CHERYL L	908 IRIS DRIVE	DELRAY BEACH FL 33483

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 11-15-03 Daytime Phone # 561-333-5295

Typed or printed name of signing Managing Member/Manager Cheryl L. Krise

CR2E084 (7/03)