2000	UNIFORM	BUSINESS	REPORT	(UBR)
	•			

1. Entity Nam	MENT # L950 Y FARM, L.L.C.	00000790		FILED		
Principal Place of Business 12305 SW 38TH STREET OCALA FL		Mailing Address 8087 SUMMIT RIDGE LANE JACKSONVILLE FL 32256-7107		OO JAN 12 PM 12: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mai		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3360780	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Fe	5.00 Additional ee Required	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Age	ent	
1648 OSC	ELL, JAMES D CEOLA STREET			Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204			City	City FL Zip Code		
SIGNATURE .	Signature, typed or printed name of registered ag	FILE N	NOW!!! FEE IS \$50.00 Payable to Department			
9.	MANAGING MEN	MBERS/MEMBERS	10.	ADDITIONS/CHANGES		
STALE STREET ADDRESS SITY-ST-ZIP SITYE	MMGR HECHAVARRIA, LUIS D E 8087 SUMMIT RIDGE LANE JACKSONVILLE FL 32256	□ Delete	TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE	7000031036 -01/20/0001 ******50.00	1013016	
STREET ADDRESS SITY-ST-ZIP		-	STREET ADDRESS CITY-81-21P	·		
TITLE Name Name Name Address Name Address		· Deleta	TITLE NAME STREET ADDRESS GITY-ST-ZIP		Change Adultion	
TITLE NAME TREET ADORESS STY-ST-ZCP		☐ Delete	TITLE NAME STREET RODRESS CITY-81-ZIP		Change Addition	
ITTLE IAME : STREET ADDRESS CITY-87-ZIP		□ Octoberto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Adultion	
TITLE NAME STREET ADDRESS STY- 87- ZIP		☐ Dejete	TITLE NAME STREET ADDRESS CITY-ST-2LP		Change Addition	
i1. I hereby of indicated		nd that my signature shall have	e the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify made under oath; that I am a managing member out of the provided statutes.		

SIGNATURE:

16/2000

904/641-8283