
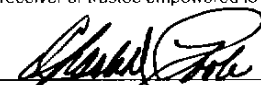


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000378	
POOLE FARMS, L.C. 1610 EDLESHEARAN RD. LAKE MARY FL 32746		P.O. Box 96 23700 N. BUCKHILL RD. NOWEY-IN-THE-HILLS, FL 34737	
1a. Principal Place of Business Address		1610 EDLESHEARAN RD. LAKE MARY FL 32746 23700 N. BUCKHILL ROAD NOWEY-IN-THE-HILLS, FL 34737	
2. Principal Place of Business 23700 N. BUCKHILL RD. Suite, Apt. #, etc.		2a. Mailing Address 23700 N. BUCKHILL RD. Suite, Apt. #, etc. P.O. Box 96	
City & State NOWEY-IN-THE-HILLS, FL		City & State NOWEY-IN-THE-HILLS, FL	
Zip 34737		Zip 34737	
Country USA		Country USA	
3. Date Organized or Qualified 03/24/1998		3a. State of Formation FL	
4. FEI Number 59-3543723		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
POOLE, CHARLES D 1610 EDLESHEARAN RD. LAKE MARY FL 32746		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (Not for Registered Agent Signature to be Executed in Office)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	POOLE, CHARLES D	1610 EDLESHEARAN ROAD	LAKE MARY FL
200002871882-1 -05/11/99--01083--021 ****188.75 ****188.75 5-10-99			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:  5/8/99			