2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000001582

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

12691 SW 104TH ST.

() Delete

MIAMI, FL 33186

TRUJILLO, JESUS

MIAMI, FL 33186

12691 SW 104TH ST.

MGRM

Entity Name: SEACOAST FARMS, L.L.C.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2121 PONCE DE LEON BLVD., **PENTHOUSE** CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2121 PONCE DE LEON BLVD., **PENTHOUSE** CORAL GABLES, FL 33134 FEI Number: 65-0858504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGISTERED AGENTS OF FLORIDA, LLC REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI, FL 33131 MIAMI, FL 33131 US 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. SIGNATURE: CHARLES J. RENNERT, VP 05/01/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete MEYERS, STUART I Name: Name: 2121 PONCE DE LEON BLVD., PENTHOUSE Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LOPEZ, JORGE Name: Name: Address: 2121 PONCE DE LEON BLVD., PENTHOUSE 2 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AMARO, JOEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: STUART I. MEYERS CH 05/01/2003