2000	UNIFOR	M ROZIN	ESS REPU	HT	(ARH	<u>()</u>						
1. Entity Nam		L98000	002803					FILED	ΤΔΤΕ		, ,	
GOOD EARTH LAND L.L.C.							SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address							00 AUG -7 AM 10: 02					
985 NORTH COLLIER BOULEVARD 985 NORTH COLLIER BOULEVA									J			
MARCO ISLA	ND FL 34145		MARCO ISLAND FL 3414	5			1 138(18)	v A 16 70 (51 0) (16 8 1 (819) (16)		210 11801 1811	. 	
Principal Place of Business 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·							٠
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number	58-2434666			oplied For]
Zip	Count	ry	Zip.	Count	ŗy		5Certificate of	Status Desired	\$	5.00 Add	ditional	
	6. Name and Add	fress of Current Regi	stered Agent				7. Name and A	ddress of New Regis				1
					Name							
Webster, ronald s 985 North Collier Boulevard					Street Address (P.O. Box Number is Not Acceptable)							
MARCO I	SLAND FL 34145			City				-	Zip Code	<u> </u>	}	
							·· ·····	μ	FL	210 000		4
8. The above	named entity submits	this statement for the	purpose of changing its	registere	d office or a	registered	agent, or both,	in the State of Florida	١,			İ
SIGNATURE .												ĺ
	Signature, typed or printed na	me of registered agent and till	e if applicable. (NOTE	: Registered	Agent signatur	re required wh	nen reinstating)		DATE			
			FILE NO									
			Make Check Pa	yable to	Departm	nent of S	State					
9.	MA	NAGING MEMBERS/	MANAGERS >	10.	- 	<u> </u>	1	ADDITIONS/CH	ANGES			1
TITLE	MGR	_	elete	TITLE				,,,	J	Change	Addition	(5/00)
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CITY-ST-ZIP	MADISON HEIGH				ST-ZIP	Ro	chester	Hills M	Ich.			10
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STREET ADDRESS]. j			1	T ADDRESS							
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NAME Street address				NAME STREE	T ADDRESS		•					
CITY-ST-ZIP				CITY-	ST-ZIP							
11. I hereby of indicated limited lia	certify that the information this report is true a bility company or the r	ion supplied with this nd accurate and that eceiver or trustee emp	filing does not quality for my signature shall have to powered to execute this r	the exen he same eport as	nption state legal effect required by	ed in Secti t as if mad y Chapter	ion 119.07(3)(i), de under oath; t 608, Florida Sta	Florida Statutes. I furt hat I am a managing itutes.	ther certify member (/ that the ir or manage	nformation r of the	
SIGNAT	IIRE:	Marke	PD. P/Stept)		8-1-0	0 1	148-1	51-4	1688	
J.W.171		AND TYPED OR PRINTED I	NAME OF SIGNING MANAGING I	NEMBER OF	MANAGER			Date	Dayt	me Phone #		

MARK D STAPES