




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	FILED APR 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company <div style="text-align: right; font-weight: bold;">DOCUMENT # 198000003201</div> <p style="text-align: center; font-weight: bold;">Associated Growers LLC</p>		1a. Principal Place of Business Address 	
2 Principal Place of Business 15791 One Mile Road <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 15791 One Mile Road <small>Suite, Apt. #, etc.</small>	
3. Date Organized or Qualified 12/15/98		3a. State of Formation Florida	
4. FEI Number 52-2135407		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent K&R Investments, Inc. 6765 Casa Grande Way Delray Beach, FL 33446		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002858816 City FL Zip Code -04/30/99--01104--020 ****197.50 ****197.50	
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 _____	
(Required Agent Accepting Appointment) (Required Agent Signature Required When First Filed)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
Mgr.	Morton Reich	EquiMark Limited, 6765 Casa Grande Way	Delray Beach, FL 33446
Mgr.	Mitchell Krassan	EquiMark Limited, 6765 Casa Grande Way	Delray Beach, FL 33446
			
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: 			(561) 498-5353
SECRETARY AND CLERK OF PUBLIC TRUST, OFFICE OF THE SECRETARY OF STATE, TALLAHASSEE, FLORIDA			