

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003201**

FILED

1. Entity Name
ASSOCIATED GROWERS LLC

01 APR 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4733 W. ATLANTIC AVE., C-8
DELRAY BEACH FL 33445**

Mailing Address
**4733 W. ATLANTIC AVE., C-8
DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2135407**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**K&R INVESTMENTS, INC.
4733 W. ATLANTIC AVE., SUITE C-8
DELRAY BEACH FL 33445**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR REICH, MORTON
STREET ADDRESS **5612 NW 40TH AVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE NAME Change Addition
7570 Isle Verde Way
STREET ADDRESS **Delray Beach, FL 33446**
CITY-ST-ZIP

TITLE NAME Delete
MGR KRASSAN, MITCHELL
STREET ADDRESS **7570 ISLA VERDRE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE NAME Change Addition
5612 NW 40th Ave
STREET ADDRESS **Boca Raton, FL 33496**
CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
500004137155--5
STREET ADDRESS **-05/04/01--01092--026**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. I 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 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.

SIGNATURE: **W. KRASSAN** **REQUIRED** **4-9-01** **56498-5353** **ca/104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)