APPROVEÜ 2000 UNIFORM BUSINESS REPORT (UBR) L98000003288 DOCUMENT # 1. Entity Name 00 MAR 30 PM 12: 33 GLEN RIDGE FARM, L.L.C. SECRETARY OF STAFE TAI LAHASSEE, FLORIDA Principal Place of Business Mailing Address 8301 N.E. HWY. 318 P.O. BOX 582 ORANGE SPRINGS FL 32182-0582 **ORANGE SPRINGS FL 32182** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt #, etc. Applied For City & State City & State 4. FEI Number 59-3571035 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLEASON, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 8301 N.E. HWY. 318 **ORANGE SPRINGS FL 32182** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Addition Change Change MGR TITLE TITLE ☐ Delete GLEASON, GEORGE E NAME NAME 8301 N.E. HWY. 318 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE SPRINGS FL 32182** CITY-ST-ZIP Change Addition 🔲 TITLE Delete TITLE GLEASON, JOHN H NAME MAME STREET ADDRESS STREET ADDRESS 8301 N.E. HWY. 318 CITY- ST- ZIP CITY- 8T- 71P ORANGE SPRINGS FL 32182 *****50.00 TET1 F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- 8T- ZIP CITY- ST- ZIP ☐ Change Addition TITLE TITLE ☐ Deteta NAME NAME STREET ADDRESS STATET ADDRESS CITY-ST-ZIP CITY- 8T- ZIP ☐ Change Addition ... Detete TITLE NAME STREET ADDRESS STREET ADDRESS CSTY - 2T- TSP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP

ii. 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 expected this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/27/00

352/546 - 295/ Daytime Phone # CR2E083 (9/9)