
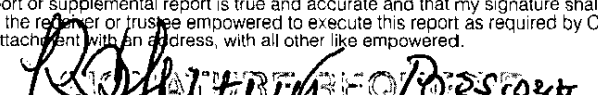


**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90209 039 \*\*\*150.00

0355103 AV

<b>DOCUMENT # P00000029935</b>		<b>FEB 11, 2002 8:00 am</b>		<b>Secretary of State</b>													
1. Entity Name <b>WHITLEY FAMILY FARM, INC.</b>		02-11-2002 90209 039 ***150.00															
Principal Place of Business <b>C/O WHITLEY DEVELOPMENT GROUP, INC. 2000 PGA BLVD., STE. 2204 N. PALM BEACH FL 33408</b>		Mailing Address <b>C/O WHITLEY DEVELOPMENT GROUP, INC. 2000 PGA BLVD., STE. 2204 N. PALM BEACH FL 33408</b>															
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE													
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State		4. FEI Number <b>65-1004641</b>													
Zip		Country		Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent														
<b>WHITLEY, ROBERT B 2000 PGA BLVD., STE. 2204 N. PALM BEACH FL 33408</b>			Name														
			Street Address (P.O. Box Number is Not Acceptable)														
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>													
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11														
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE: 		1/23/02 561-694-0055															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #															