

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90160 010 \*\*\*150.00

<b>DOCUMENT #</b> P95000053340					
<b>1. Entity Name</b> FOX MEADOW FARM II, INC. ✓					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 600 SE 28TH AVENUE Suite, Apt. #, etc.			<b>3. Mailing Address</b> 600 SE 28TH AVENUE Suite, Apt. #, etc.		
City & State POMPANO BEACH, FL			City & State POMPANO BEACH, FL		
Zip 33062-6134		Country USA	Zip 33062-6134		Country USA
			<b>4. FEI Number</b> 65-0596779		
			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			<b>7. Name and Address of Current Registered Agent</b>		
			Name KATHY L. CLINE		
			Street Address (P.O. Box Number is Not Acceptable) 600 SE 28TH AVENUE		
			City POMPANO BEACH FL Zip Code 33062		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <i>X Kathy L. Cline</i> <span style="float: right;"><i>X 4-28-03</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, KATHY L. 600 SE 28TH AVENUE POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, ROBERT E. 600 SE 28TH AVENUE POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <i>X Kathy L. Cline</i> <span style="float: right;"><i>X 4-28-03</i> <i>X 954-785-7322</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					