

Agenda Item #:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: April 10, 2007 [X] Consent [] Regular
[] Ordinance [] Public Hearing

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: notice of exercise of the first extension option under the Lease Agreement (R2002-0889) with Floral Acres, LLC for the continued use of 38 acres located in the Ag Reserve in Boynton Beach.

Summary: On June 4, 2002, the Board approved the Lease Agreement with Floral Acres, LLC for its use of approximately 38 acres of land located in the AG Reserve east of State Road 7 approximately 2 miles south of Boynton Beach Boulevard for the use as a container nursery and other agricultural products, and possible retail sale of agricultural products. The initial term of the Lease Agreement was for five (5) years ending on June 3, 2007, with four (4) extension options, each for a period of five (5) years. Exercise of this first option will extend the term of the Lease from June 4, 2007 through June 3, 2012. The annual rent for this extension period is \$47,271.36, with an annual three percent (3%) increase. Pursuant to the terms of the Lease Agreement, Floral Acres has the right to exercise its option and the Board has no discretionary authority to not allow the exercise of the option. All other terms and conditions of the Lease will remain in full force and effect. Florida Statutes Section 286.23 requires that a Disclosure of Beneficial Interest be obtained when a property held in a representative capacity is leased to the County, but does not require such Disclosure in connection therewith when the County leases property to a tenant. Since the Statute does not require the Disclosure and since this is Floral Acres' extension of the term of the Lease Agreement which was already approved by the Board, Staff did not request such Disclosure. (PREM) **District 5 (HJF)**

Attachments:

1. Location Map.
2. Option to extend letter

Recommended By: Zeit Anthony Wolf 3/18/07
Department Director Date

Approved By: [Signature] 3/19/07
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	(\$23,635.68)	(\$48,689.50)	(\$50,150.18)	(\$51,654.70)	(\$53,204.34)
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	(\$23,635.68)	(\$48,689.50)	(\$50,150.18)	(\$51,654.70)	(\$53,204.34)

ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included in Current Budget: Yes X No _____
 Budget Account No: Fund 1222 Dept 800 Unit 8011 RSRC 6225
 Program _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Rent is paid twice a year in January and in July. The 3% increase is Jan 1 of each year.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

<p><i>[Signature]</i> 3/22/07 OFMB 3/22/07</p>	<p><i>[Signature]</i> 4/22/07 Contract Development and Control 3/23/07</p>
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B. Legal Sufficiency:
[Signature] 4/4/07
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

101

R41

SEE PG 95

R42

L

K

NO CONTINUING MAP

31

25

100 ST S BOYNTON BEACH BLVD

LYONS RD

804

102 PL S

30

105 ST S

T45

32

36

44

CEM

31

T45

LOXAHATCHEE

120 ST S

LEE RD

33

1

NATIONAL

WILDLIFE

REFUGE

7

Subject 6

T46

130 ST S BOB WEST RD

L

K

101

SEE PG 107

LOCATION MAP ATTACHMENT #1





February 20, 2007

CERTIFIED MAIL RETURN
RECEIPT REQUESTED

Palm Beach County
Board of County Commissioners
Property & Real Estate Management
Attn: Ross Hering, Director
3200 Belvedere Road, Building 1169
West Palm Beach, FL 33406-1544

Re: Lease Agreement (R2002 0889) Dated June 4, 2002 between Palm Beach County as "County" and Floral Acres, L.L.C. as "Tenant"

Dear Mr. Hering:

Pursuant to and in conjunction with the above referenced Lease, more specifically, **Section 1.03 Option to Renew** of same, please accept this letter as our notice to exercise our right and option to renew the term of this Lease from June 4, 2007 through June 3, 2012. This option to renew is the 1st of four (4) five (5) year options being exercised.

Respectfully,

Patrick Rosacker
President
Floral Acres, LLC

cc: Richard C. Bogatin, Manager, Property Management
Nicholas Lambiase, Jr., CPM, Property Specialist

Tel (561) 499-2655

Fax (561) 496-0952

Mailing Address

Floral Acres LLC
P.O. Box 480519
Delray Beach, FL 33448

Shipping Address

(New Farm Location)
12440 S. State Road 7
Boynton Beach, FL 33437-4722

ATTACHMENT # 2

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE
7/17/2006

PRODUCER
Edward Lamb & Associates, Inc.
P.O. Drawer 1559
146 E. Stuart Ave.
Lake Wales FL 33859-1559

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Floral Acres, Inc., G & R Trellis & Supply Co., Inc
and Floral Acres, LLC
P.O. Box 540939
Lake Worth FL 33454-0939

INSURER A: St Paul Travelers Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

RECEIVED
JUL 21 2006

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	700734K803ACOF06	07/01/2006	07/01/2007	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA315D0284-06-AGR	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Property	700734K803ACOF06	07/01/2006	07/01/2007	Inland Marine \$75,818 Deductible \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Palm Beach County is named Additionally Insured on General Liability Policy - form CG0121185
The entity is also named as Loss Payee for property located at 12440 South SR 7, Boynton Beach, FL

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

