

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 30 PM 2:56

1. Name of Limited Partnership

1a. DOCUMENT #  
**A00610**

**CAULKINS CITRUS COMPANY, LTD.**



Mailing Address

~~15850 S.W. KANNER HWY.  
INDIANTOWN FL 34956~~

Principal Office Address

~~15850 S.W. KANNER HWY.  
INDIANTOWN FL 34956~~

3. Date Formed or Registered

10/16/1961

5a. Capital Contributions as Shown on record

\$2,560,000.00

3a. Date of Last Report

01/29/1997

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 188  
Suite, Apt. #, etc.

2a. Principal Office Address

P.O. Box 188  
Suite, Apt. #, etc.

6. FEI Number

59-1046068

Applied For  
 Not Applicable

City & State

Indiantown, Fla.

City & State

Indiantown, Fla.

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country  
34956 Martin

Zip Country  
34956 Martin

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~ROHDE THOMAS W  
15050 S.W. KANNER HWY.  
STATE RD 76  
INDIANTOWN FL 34956~~

10. If changed, new Registered Agent/Office

Name: **George P. Caulkins, III**  
Street Address (P.O. Box Number Is Not Acceptable): **7801 S.W. Citrus Boulevard**  
Suite, Apt. #, etc.:  
City: **Stuart** FL Zip Code: **34995**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *X G.P. Caulkins III*

DATE: 12/19/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

CAULKINS, MR. GEORGE P JR.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1400 COLO. ST. BANK B  
1600 Broadway

11b. City, State & Zip Code

DENVER CO

11c. Registration/Document Number

400002398544--9  
-01/13/98--01076--009  
\*\*\*\*541.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *George P. Caulkins III*

DATE: 12/22/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)