

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A00610**  
1. Entity Name  
**CAULKINS CITRUS COMPANY, LTD.**



FILED  
MAY 14 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 188 INDIANTOWN FL 34956  
Mailing Address: P.O. BOX 188 INDIANTOWN FL 34956



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-1046068**  
Applied For:  Not Applicable

Zip: Country: Zip: Country:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAULKINS, GEORGE P III  
7801 SW CITRUS BLVD.  
STUART FL 34995**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$2,560,000.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |   |
|---------------------------------|---|
| DOCUMENT #                      | <b>George P. Caulkins III</b>                 |
| NAME                            | <b>CAULKINS, MR. GEORGE P. III</b>            |
| STREET ADDRESS                  | <b>1400 COLO. ST. BANK BLDG 1600 BROADWAY</b> |
| CITY-ST-ZIP                     | <b>DENVER CO</b>                              |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |

| 13. ADDRESS CHANGES ONLY |                                      |
|--------------------------|--------------------------------------|
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           | <b>700037679397</b>                  |
| CITY-ST-ZIP              | <b>06/07/04--01005--006 **526.25</b> |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X** *George P. Caulkins III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date: \_\_\_\_\_ Daytime Phone #: **303-861-4230**