2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

APLE (

SIGNATURE:

FILEL SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A00610 1. Entity Name CAULKINS CITRUS COMPANY, LTD. 05 JUN 24 AM 9: 03 Principal Place of Business Mailing Address P.O. BOX 188 P.O. BOX 188 INDIANTOWN FL 34956 INDIANTOWN FL 34956 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-1046068 Not Applicable Zip Zip Country Country~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAULKINS, GEORGE P III Street Address (P.O. Box Number is Not Acceptable) 7801 SW CITRUS BLVD. STUART FL 34995 City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$2,560,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY Carolyn M. Mas: DOCUMENT # STREET ADDRESS CAULKINS, MR. GEORGE P JR. NAME STREET ADDRESS 1400 COLO. ST. BANK BLDG 1600 BROADWAY CITY-ST-7IE CITY-ST-ZIP DENVER CO 1400 Colo St Bank Blog Dancer Co. 80 cm. George P Caulkins III DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 000056707240 06/29/05--01058--001 **\$26.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7(P DOCUMENT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. There by 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 back 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 Chanter and the same back 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 Chanter and the same back 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 Chanter and the same back 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 Chanter and the same back 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 Chanter and the same back effect as if made under oath; that I am a General Partner of the limited partnership or the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under oath; the same back effect as if made under o

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Appent & Genlowner 4-27-05 303 861-4230

ARTNER Date Date Daysme Phone #