


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
May 01, 2006 08:00 AM
Secretary of State

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



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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number Applied For
59-1046068 Not Applicable

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.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	CAULKINS, GEORGE P III		110000554936
STREET ADDRESS		CITY-ST-ZIP	05/15/06 20012-025 500.00
CITY-ST-ZIP	1400 COLO. ST. BANK BLDG 1600 BROADWAY DENVER CO 80202		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George Caulkins **GEORGE CAULKINS** 4-28-06 303 892-1691