


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016990 AT

DOCUMENT # A00610

1. Entity Name
CAULKINS CITRUS COMPANY, LTD.



FILED
03 APR 30 PM 12:10
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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-1046068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAULKINS, GEORGE P III
780+ 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
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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 CAULKINS, MR. GEORGE P JR.	STREET ADDRESS	
	STREET ADDRESS 1400 COLO. ST. BANK BLDG 1600 BROADWAY	CITY-ST-ZIP	
	CITY-ST-ZIP DENVER CO		
DOCUMENT #	NAME	STREET ADDRESS	100017611041
	STREET ADDRESS	CITY-ST-ZIP	04/30/03--01101--013 **526.25
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CR2E003 (10/02)

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: *George P. Caulkins* **4-25-03** **303-861-4230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #