2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001587

1. Entity Name
SUNKISS CITRUS, LTD.

Principal Place of Business
2323 SANDY PINE DR
PUNTA GORDA, FL 33982

Mailing Address
2323 SANDY PINE DR
PUNTA GORDA, FL 33982

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc | Suite, Apt # etc

City & State | City & State

Zip | Country | Zip | Country

03152005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1051784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAFRON, ELWOOD P
2323 SANDY PINE DR
PUNTA GORDA, FL 33982

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 ______________________________
Signature typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. $2,501,000.00

10. Amount of Capital Contributions in FLORIDA to date. $2,501,000.00

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 #	F89425	STREET ADDRESS	
NAME	SUNKISS GROVES, INC.		
STREET ADDRESS	2323 SANDY PINE DR	CITY-ST-ZIP	U00000273834 ~~03/23/05--00044--009 ***26.25~~
CITY-ST-ZIP	PUNTA GORDA, FL 33982		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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

SUNKISS CITRUS LTD.
BY: SUNKISS GROVES, INC. (General Partner)
SIGNATURE: BY: [signature] 3/15/05 863-494-4545
Elwood P. Safron, President of General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #