


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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001940</b>	
1. Entity Name <b>DEAN &amp; DEAN FARMS LIMITED</b>	

Principal Place of Business <b>14401 HARBOR DRIVE BOKEELIA FL 33922</b>	Mailing Address <b>14401 HARBOR DRIVE BOKEELIA FL 33922</b>
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>01-0604055</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DEAN, MARK F 14401 HARBOR DRIVE BOKEELIA FL 33922</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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
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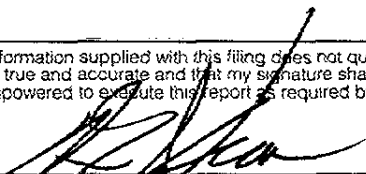
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY 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 STREET ADDRESS CITY-ST-ZIP	<b>L00000015518 DEAN &amp; DEAN FARMS, LLC 14401 HARBOR DRIVE BOKEELIA FL 33922</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>U000000103764 04/05/04 00058 024 526.25</b>
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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:**



**3/12/04 (239) 283-1329**

SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER

Date (Month/Day/Year) Phone Number

STAPLE CHECK HERE