
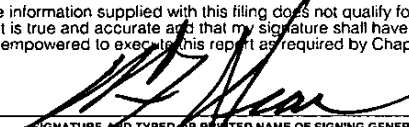


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 14 AM 8:27

DOCUMENT # A00000001940			
1. Entity Name DEAN & DEAN FARMS LIMITED			
Principal Place of Business 14401 HARBOR DRIVE BOKEELIA, FL 33922		Mailing Address 14401 HARBOR DRIVE- BOKEELIA, FL 33922	
2. Principal Place of Business		3. Mailing Address PO Box 2198	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pineland FL	
Zip	Country	Zip	Country
		33945	
01042005		Chg-LP	CR2E003 (10/03)
4. FEI Number 01-0604055		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEAN, MARK F 14401 HARBOR DRIVE BOKEELIA, FL 33922		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000015518	STREET ADDRESS	
NAME	DEAN & DEAN FARMS, LLC	CITY-ST-ZIP	
STREET ADDRESS	14401 HARBOR DRIVE		
CITY-ST-ZIP	BOKEELIA, FL 33922		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
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: 		1/13/05 239-283-1329	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE