

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 14 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A00749

CALLERY-JUDGE GROVE, LIMITED PARTNERSHIP

*AG-AR
CM*



Mailing Address

Principal Office Address

4001 SEM. PRATT WHITNEY ROAD
LOXAHATCHEE FL 33470

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LOXAHATCHEE FL 33470

526.25

3. Date Formed or Registered

11/18/1964

5a. Capital Contributions as Shown on record.

\$400,000.00

3a. Date of Last Report

11/17/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

NY

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

74-1542468

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HEWITT, WALLACE R.
4001 SEMINOLE-PRAT WHITNEY ROAD
LOXAHATCHEE FL 33470

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

CJG MANAGEMENT, LTD.

4001 SEMINOLE-PRATT W

LOXAHATCHEE FL 33470

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-10/21/98--01057--012
1052.50 *526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

James Callery
JAMES CALLERY, PRESIDENT MANAGED CITRUS, INC. THE GENERAL PARTNER

DATE SEPTEMBER 17, 1998

Typed or Printed Name of General Partner Signing Form OF CJG MANAGEMENT, LTD.

Daytime Telephone Number (561) 793-1676

CR2E003 (8/98)