

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000351

1. Entity Name
GEORGIA BLUEBERRY FARMS ENTERPRISES, LTD.



Principal Place of Business
1900 5TH STREET, N.W.
WINTER HAVEN, FL 33881

Mailing Address
P.O. BOX 3036
WINTER HAVEN, FL 33885-3036

FILED
04 MAY 26 PM 1:37

STATE OF FLORIDA
TALLAHASSEE

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-LP

CR2E003 (10/03)

5/26

4. FEI Number

59-3709037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERTRAND, ROBERT J
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name **DYAL, LUCIUS M., JR**
 Street Address (P.O. Box Number is Not Acceptable)
1900 FIFTH ST., NW
 City **WINTER HAVEN** **FL** Zip Code **33881**

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]

DATE

9. Capital Contributions,
 as Shown on record: **\$100.00**

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 # **L01000003620**
 NAME **MIXON GEORGIA GENERAL PARTNER, LLC**
 STREET ADDRESS **1900 5TH STREET, N.W.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

STREET ADDRESS
200037869262
 CITY-ST-ZIP **06/11/04--01022--011 **141.25**

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE