2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A01000000351

GEORGIA BLUEBERRY FARMS ENTERPRISES, LTD.



HCE SYC FILED Apo D452008 08:00 A Secretary of State

Principal Place of Business

1900 5TH STREET NW WINTER HAVEN, FL 33881 Mailing Address

PO BOX 3036

WINTER HAVEN, FL 33885



03252008 No Chg-LP

CR2E003 (12/06)

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

DYAL JR., LUCIUS M 1900 5TH ST NW

DO NOT WRITE

WINTER F	HAVEN, FL 33881		IN	THIS SPACE	, 1.	,	
	e named entity submits this statement for the purpose of changing tions of registered agent.	j its registered office or re	gistered agent, or l	both, in the State of Florida. I am fa	miliar with, and a	accept	
Signature, typed or printed name of registered agent and title if applicable				DATE			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00				U00000898156 04/25/08-80077-012 500: 00			
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o						
12.	GENERAL PARTNER INFORMATION						
DOCUMENT#	L01000003620	4.	٠, ٠			٠.	
NAME	MIXON GEORGIA GENERAL PARTNER, LLC						
STREET ADDRESS	1900 5TH STREET NW	. `					
CITY-ST-ZIP	WINTER HAVEN, FL 33881	•					

DO NOT WRITE IN THIS SPACE

İ	STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
ı	44 Ibasabu	and it. About Alan Information and the state of the state

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #