2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 Jan 20, 2006 08:00 AN Secretary of State DOCUMENT #A01000001328 1. Entity Name WEEDMAN FARMS, LTD. Principal Place of Business Mailing Address 6700 COUNTY ROAD 16-A 6700 COUNTY ROAD 16-A ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092

FILED

4. Tel Montage	_		01112006 No Chg-LP CR2E003 (11/05)			
S. Name and Address of Current Registered Agent ROBISON, MARY A ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202 8. The above named arility submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, I am familiar with, and soot the obligations of registered agent. SIGNATURE FILE NOWIN FEE IS \$500.00 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 DOUMENT / MARE SITE ADDRESS CITY-ST-2P DOUMENT / ST-2P ST-AUGUSTINE, FL 32082 DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPA				Applied For Not Applicat	
6. Name and Address of Current Registered Agent ROBISON, MARY A ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202 8. The above named critity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, as both. In the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and use 1 septiacible FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTINER 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 filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION			5. 0	Certificate of Status Desired	\$8.75 Additional	
ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202 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 acc the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc 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 acc 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 acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits entity. INTELLIGITION OF THE ADDRESS (Floridation of Floridation of Floridat		6. Name and Address of Current Registered Agent		·· · -	, , , , , , , , , , , , , , , , , , , ,	
ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202 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 acc the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc 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 acc 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 acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits of Florida. I am familiar with, and acc the above named entity submits entity. INTELLIGITION OF THE ADDRESS (Floridation of Floridation of Floridat	ROBISON	I. MARY A		DO NOT W	DITE	
### SPACE 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 excite the abligations of registered agent. ### Signature	ONE INDEPENDENT DRIVE				- 	
THE CONGRET PROTOCOLOGY OF STATE STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUM				IN THIS SPACE		
THE CONGRET PROTOCOLOGY OF STATE STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUM						
Signature, typed or printed name of registered agent and subsit exposicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 DOCUMENT # NAME WEEDMAN INVESTMENTS OF ST. JOHNS CO., INC. STRET ADDRESS CITY-ST-2IP DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP	the obliga	ations of registered agent.	ed office or registered ag	gent, or both, in the State of Flo	orida. I am familiar with, and accep	
After May 1, 2006, Fee will be \$900.00 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 DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP S	SIGNATURE	Signature, typed or printed name of registered agent and alle if applicable			DAYE	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12.						
12. GENERAL PARTNER INFORMATION DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT		A GENERAL PARTNER THAT IS A BUSINESS ENTITY MINOTE: General Partners MAY NOT be changed on the form	UST BE REGISTERE	D AND ACTIVE WITH TH	IS OFFICE.	
NAME 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 DOCUMENT # NAME 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 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		GENERAL PARTNER INFORMATION	,			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	1	I = 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1		•	N. Marine	
CITY-ST-ZIP ST. AUGUSTINE, FL 32092 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS	1	· ·				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS	1					
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS	DOCUMENT #	01.71000311112,712 02032		<i>1100000</i>	393420	
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	1			01/25/0 6 -	80020-006 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS IN THIS SPACE	STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	— CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	DOCUMENT#					
DOCUMENT # IN THIS SPACE NAME STREET ADDRESS	1			O NOT WE	-)	
DOCUMENT # IN THIS SPACE NAME STREET ADDRESS			Ł.	TON TON OC	KII E	
NAME STREET ADDRESS	<u> </u>		ļ	IN THIS SPA	ACF.	
	•		•		70L	
CITY-ST-ZIP Z DOCUMENT # Ž NAME						
T DOCUMENT #	CITY-ST-ZIP					
O NAME	DOCUMENT#					
Щ (D NAME	<u> </u>				
T STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					
<u> </u>	¥}					
₹ DOCUMENT #	KAME					
STREET ADDRESS						
CITY-ST-ZIP	CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filling 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	i indicated	I on this report is true and accurate and that itty signature shall have the same	regal effect as if mage u	Chapter 119, Florida Statutes, I under oath; that I am a Genen	further certify that the information al Partner of the limited partnership	
SIGNATURE: Ahreig Seconder Shirley Spooner 1/13/06 (706)698 4144	SIGNAT			 	(706)698 4144	
SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNING GENERAL FARTNER Date Dayline Phone #		* SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER	R'	Dete	Daytime Phone #	