


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A02000001372 1. Entity Name POPE PRODUCE, LLLP	
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FILED
2005 APR 18 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 697 PAHOKEE FL 33476	Mailing Address P.O. BOX 697 PAHOKEE FL 33476
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE	CR2E003 (10/04)
4. FEI Number 02-0654585	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent NOWICKI, MARK J ESQ. 14155 US HIGHWAY ONE, STE. 210 JUNO BEACH FL 33408	
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7. Name and Address of New Registered Agent	
Name Nowicki, Mark J., Esq.	
Street Address (P.O. Box Number is Not Acceptable) 480 Maplewood Drive, Suite 2	
City Jupiter	Zip Code FL 33458

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 _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$2,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,000.00
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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	POPE, EDWARD LEWIS III
STREET ADDRESS	1135 GARDEN PLACE
CITY-ST-ZIP	PAHOKEE FL 33476
DOCUMENT #	
NAME	POPE, WALTER RUSSELL
STREET ADDRESS	2497 BACOM POINT RD.
CITY-ST-ZIP	PAHOKEE FL 33476
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

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: Edward Lewis Pope III Walter R. Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date 4/11/05 Daytime Phone # (561) 261-6427