


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

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000001727 <b>1. Entity Name</b> TRI-STORY CITRUS, LTD.	
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<b>Principal Place of Business</b> 37 WEST E STREET FROSTPROOF FL 33843	<b>Mailing Address</b> P.O. BOX 1027 FROSTPROOF FL 33843
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 14-1863520	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  STORY, LYLES W 37 WEST E. STREET FROSTPROOF FL 33843	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
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<b>9. Capital Contributions as Shown on record.</b> \$88,199.88	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			

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04/09/05-80007-010 526.25

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**  Lyles W. Story  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/05 863-635-0040  
Date Daytime Phone if

STAPLE CHECK HERE