


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000001727 1. Entity Name TRI-STORY CITRUS, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUN -8 AM 10:33

Principal Place of Business 37 WEST E STREET FROSTPROOF, FL 33843	Mailing Address P.O. BOX 1027 FROSTPROOF, FL 33843
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04262007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
STORY, LYLES W 37 WEST E. STREET FROSTPROOF, FL 33843	

7. Name and Address of New Registered Agent	
Name Mary Elizabeth Story	
Street Address (P.O. Box Number is Not Acceptable) 37 West E Street	
City Frostproof	FL Zip Code 33843

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 <i>Mary Elizabeth Story</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-26-07</u>

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	STORY, LYLES W Story, Mary Elizabeth Trustee		
	37 WEST E. STREET		
	FROSTPROOF, FL 33843		
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100099291224
 04/30/07--01009--030 **500.00

[Handwritten signature]

14. 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: <i>Mary Elizabeth Story, Trustee, General Partner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE <u>4-26-07</u> <small>Date Daytime Phone #</small>

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