

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 PM 1:01



1. Name of Limited Partnership
1a. DOCUMENT #
A03065

WEST FLORIDA AGRO LTD.

Mailing Address P.O. BOX 3088 IMMOKALEE FL 34143		Principal Office Address 315 E. NEW MARKET RD. IMMOKALEE FL 34142	3. Date Formed or Registered 08/15/1972	5a. Capital Contributions as Shown on record \$75,000.00
			3a. Date of Last Report 12/04/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	4. State or Country of Formation FL		
City & State	City & State	6. FEI Number 59-1432929		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
8. Make check payable to: Dept. of State (See reverse side for fee information)				

9. Name and Address of Current Registered Agent LIPMAN, LAWRENCE R. 315 E. NEW MARKET ROAD IMMOKALEE, FL FL 33934-1227	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
--	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) LIPMAN, DAVID J. LIPMAN, LAWRENCE R	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 315 E. NEW MARKET RD. 315 E. NEW MARKET RD.	11b. City, State & Zip Code IMMOKALEE FL IMMOKALEE FL	11c. Registration/Document Number KWM
---	---	---	---

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

11/24/97

941-657-4421

CR2E003 (6/97)