


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 17, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A04000001858 1. Entity Name PHARLO CITRUS PROPERTIES PARTNERSHIP, LLLP			
Principal Place of Business 96 WILLARD STREET SUITE 302 COCOA, FL 32922		Mailing Address 96 WILLARD STREET SUITE 302 COCOA, FL 32922	
2. Principal Place of Business 96 WILLARD ST Suite, Apt. #, etc. SUITE 101 City & State COCOA, FL Zip - Country 32922 USA		3. Mailing Address 96 WILLARD ST Suite, Apt. #, etc. SUITE 101 City & State COCOA, FL Zip - Country 32922 USA	
4. FEI Number 20-1920868 20-1920868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 96 WILLARD ST, SUITE 101 City COCOA, FL Zip Code 32922	
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 <u><i>David L. Dickinson</i></u> DAVID L. DICKINSON <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. \$100.00	
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 # L04000085409 NAME PHARLO CITRUS PROPERTIES MANAGEMENT, LLC STREET ADDRESS 96 WILLARD STREET, SUITE 302 CITY-ST-ZIP COCOA, FL 32922	STREET ADDRESS 96 WILLARD ST, SUITE 101 CITY-ST-ZIP COCOA, FL 32922		
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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: <u><i>David L. Dickinson</i></u> DAVID L. DICKINSON <u>4/28/05</u> 321-639-0771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

STAPLE CHECK HERE