


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A05000001909</b> 1. Entity Name <b>TULARE FARMS, LLLP</b>	
---	---

Principal Place of Business <b>315 EAST NEW MARKET ROAD</b> <b>IMMOKALEE, FL 34142</b>	Mailing Address <b>P.O. BOX 3088</b> <b>IMMOKALEE, FL 34143</b>
--	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**08 FEB 19 PM 1:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



01102008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>PRESS, MAXWELL L</b> <b>315 EAST NEW MARKET ROAD</b> <b>IMMOKALEE, FL 34142</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
--	--

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	L05000121632	STREET ADDRESS	
NAME	WRP-GP, LLC	CITY-ST-ZIP	<b>900118554929</b>
STREET ADDRESS	315 EAST NEW MARKET ROAD		<b>02/21/08--01037--019 **500.00</b>
CITY-ST-ZIP	IMMOKALEE, FL 34142		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:**  **1/11/08** **239-657-4481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #