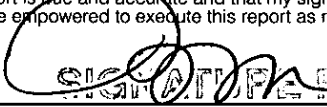


# 2001 UNIFORM BUSINESS REPORT (UBR)

0015967 AF

<b>DOCUMENT # A05577</b>			
1. Entity Name <b>CITRUS PLAZA PARTNERS, A LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>P.O. BOX 999 CHADDS FORD PA 19317</b>		Mailing Address <b>P.O. BOX 999 CHADDS FORD PA 19317</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MOORE, BRUCE E C/O BRANDYWINE FINANCIAL SERVICES CORP. 2637 MCCORMICK DRIVE CLEARWATER FL 33759</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$334,985.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$334,985.00</b>	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>852350 BRANDYWINE CORPORATION 2 POND'S EDGE DR. CHADDS FORD PA 19317</b>	STREET ADDRESS CITY-ST-ZIP	<b>500002708315--6 02/16/01 01137 026 ***535.00 ***535.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 		Bruce E. Moore, President Brandywine Corporation General Partner	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <b>JAN 18 2001</b> Daytime Phone # <b>(610) 388-9600</b>	

*mf*

**FILED**  
**01 FEB 13 PM 12:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)