

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082004 Chg-LP CR2E003 (10/03)

DOCUMENT # A05577	
1. Entity Name CITRUS PLAZA PARTNERS, A LIMITED PARTNERSHIP	



Principal Place of Business P.O. BOX 999 CHADDS FORD, PA 19317	Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317
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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	
MOORE, BRUCE E C/O BRANDYWINE FINANCIAL SERVICES CORP. 2631 MCCORMICK DRIVE CLEARWATER, FL 33759	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
DATE _____

9. Capital Contributions as Shown on record. \$334,985.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	852350	STREET ADDRESS	
NAME	BRANDYWINE CORPORATION	CITY-ST-ZIP	400039949084 08/05/04--01040--005 **526.25
STREET ADDRESS	2 POND'S EDGE DR.	STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD, PA 19317	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bruce E. Moore

Date

7/14/03

Daytime Phone #

(610) 388-9600

PRESIDENT OF BRANDYWINE CORPORATION
GENERAL PARTNER