

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 22 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A06000000029</b> 1. Entity Name TULARE FARM 1, LLLP					
Principal Place of Business 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142			Mailing Address PO BOX 3088 IMMOKALEE, FL 34142		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  PRESS, MAXWELL L 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L06000001507		STREET ADDRESS		
NAME	TF1-G, LLC		CITY - ST - ZIP		
STREET ADDRESS	315 EAST NEW MARKET ROAD				
CITY - ST - ZIP	IMMOKALEE, FL 34142				
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP					
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					
<b>SIGNATURE:</b>			2/26/07      239-657-4421 <small>Date      Daytime Phone #</small>		

STAPLE CHECK HERE