


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


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| DOCUMENT # A06000000029 1. Entity Name TULARE FARM 1, LLLP |  |
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| Principal Place of Business 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 | Mailing Address PO BOX 3088 IMMOKALEE, FL 34142 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State Zip Country | City & State Zip Country |
|----------------------------------|----------------------------------|

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



01022008 Chg-LP CR2E003 (12/06)

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| 6. Name and Address of Current Registered Agent PRESS, MAXWELL L 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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

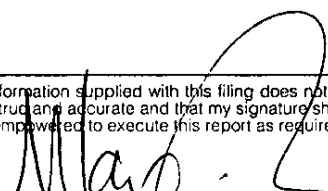
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------|--------------------------|--|
| DOCUMENT # | 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 | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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:  **1/8/08** **239-657-4421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #