

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP 19 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CITRUS FARM & TIMBER COMPANY, LTD.	1a. DOCUMENT # A15518
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98-AR
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Mailing Address XXXX COUNTY LINE ROAD BROOKSVILLE FL 34601	Principal Office Address XXXX COUNTY LINE ROAD BROOKSVILLE FL 34601
2. Mailing Address Suite, Apt. #, etc. 13205 Old Crystal River Road City & State Brooksville, Florida Zip Country 34601	2a. Principal Office Address Suite, Apt. #, etc. 13205 Old Crystal River Rd. City & State Brooksville, Florida Zip Country 34601

3. Date Formed or Registered 10/18/1983	5a. Capital Contributions as Shown on record. \$8,000.00
3a. Date of Last Report 09/25/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2340158	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MCPHERSON, JACK B. 6640 CONGRESS STREET NEW PORT RICHEY FL 34653	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) ORAVEC, ANDREW JR. NATARAJAN, GANGAIAH M.D.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13205 Old Crystal River Rd. XXXX COUNTY LINE ROAD 811 BRIAR LEAS	11b. City, State & Zip Code BROOKSVILLE FL 34601 PORT RICHEY FL	11c. Registration/Document Number 800002301168--9 -09/23/97--01078--002 ****159.75 ****159.75
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Andrew Oravec Jr. DATE 9-16-97
Typed or Printed Name of General Partner Signing Form ANDREW ORAVEC JR. Daytime Telephone Number 352-796-4342

CR2E003 (6/97)