## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

## SECRETARY OF STATE DOCUMENT # A15518 DIVISION OF CORPORATIONS 1. Entity Name 04 MAR -5 AM 10: 49 CITRUS FARM & TIMBER COMPANY, LTD. Principal Place of Business Mailing Address 13201 OLD CRYSTAL RIVER ROAD 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-2340158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCPHERSON, JACK B. 6640 CONGRESS STREET Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$8,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 # STREET ADDRESS ORAVEC, ANDREW JR. STREET ADDRESS 13205 OLD CRYSTAL RIVER ROAD CITY-ST-ZIP **700030966697** <del>03/24/04--01018--008</del> CITY-ST-ZIP **BROOKSVILLE FL 34601** DOCUMENT # STREET ADORESS NAME NATARAJAN, GANGAIAH M.D. STREET ADDRESS 811 BRIAR LEAS CITY-ST-ZIP City-St-ZIP PORT RICHEY FL DOCUMENT #1 STREET ADDRESS NAME T STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME --STREET ODRESS CITY-ST-7IP 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