2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

DOCUMENT # A15518 1. Entity Name					DIVISION OF STATE 05 FEB -7	
CITRUS FARM & TIMBER COMPANY, LTD.					05 FEB -7 AM 9: 35	
Principal Plac	e of Business	Mailing Address			7	
13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 13201 OLD CRYSTAL F BROOKSVILLE FL 34601				ROAD		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)	
City & State		City & State			4. FEI Number 59-2340158 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name -	7. Name and Address of New Registered Agent	
MCPHERSON, JACK B.				Ivaille		
6640 CONGRESS STREET NEW PORT RICHEY FL 34653				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						
9. Capital Contributions \$8,000.00 10. Amount of Capital Contributions in FLORIDA to date.				ibutions		
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			<u>, </u>	ADDRESS CHANGES ONLY	
DOCUMENT #	ORAVEC, ANDREW JR. 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601			REET ADDRESS		
NAME				CET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
DOCUMENT #	BROOKSVILLE PL 34501					
NAME	NATARAJAN, GANGAIAH M.D.			EET ADDRESS		
STREET ADDRESS	811 BRIAR LEAS PORT RICHEY FL		CITY	Y•ST-ZIP		
DOCUMENT #	OTTETTE					
NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENȚ #			STR	EET ADDRESS		
STREET ADDRESS			CITY	Y-ST-ZIP		
CITY-ST-ZIP DOCUMENT						
NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
NAME STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP						
14. I hereby certify that the information supplied with this filling 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						