

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:16

DOCUMENT #A17587

1. Entity Name
CITRUS TERRACE, LTD.



Principal Place of Business

3111 PACES MILL ROAD
SUITE A250
ATLANTA, GA 30339 US

Mailing Address

3111 PACES MILL ROAD
SUITE A250
ATLANTA, GA 30339 US

2. Principal Place of Business - No P.O. Box #

1221 Citrus Terrace Dr

3. Mailing Address

Suite, Apt. #, etc.

01032007 Chg-LP CR2E003 (12/06)

City & State

Sebring, FL

City & State

4. FEI Number

65-0012788

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
4040 NEWBERRY ROAD
1000
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT # M04000000193
NAME HALLMARK GROUP SERVICES, LLC
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A250
CITY-ST-ZIP ATLANTA, GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200085016352
01/18/07--01032--012 **508.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-12-07

Date

770-984-2100

Daytime Phone #

STAPLE CHECK HERE