FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

CITRUS PARTNERS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A18048

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT - 1 PM 1: 56



3824 S. FLORIDA AVENUE LAKELAND FL 33813		Principal Office Address 3824 S. FLORIDA AVEI LAKELAND FL 33813	3824 S. FLORIDA AVENUE		5a. Capital Contributions as Shown on record \$2,000,000-00 5b. Amount of Capital Contributions in FLORIDA to date	
				12/18/1995 4. State or Country of Formation		
		2a. Principal Office Ac	ddress	IL.		
Suite, Apt #, etc		Suite, Apt. #, etc.		6. FE I Number 36-3308455	Applied For Not Applicable	
City & State		City & State		7. Certificate of Status Desired	\$8.75 Adout onal	
Zıp	Country	Zφ	Country	8. Make check payable to Dept.	Fee Required of State (See reverse side for fee informati	
	9. Name and Address of C	Current Registered Agent		10. If changed, new Register	ed Agent/Office	
'HALL, W. GARVIE			Name			
3824 S. FLA. AVE.			Street Address (P.O. Box Number Is Not Acceptable)			
LAKELAND FL 33813			į	- 10.4的/00m-b1010-308		
	-		Suite, Apt. #. 6	-10/00	/9601018008	
			Спу	- 10/ii: ****5	7001018-008 76.2 FL ************************************	
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10a. Pursuant to the for the purpose agent. Larri for A GENERA 11. Name(s) of DICKES, BYI HALL, W. GA	ne provisions of sections 620 to see of changing its registered of smiller with, and accept the obled Agent Accepting Appointment AL PARTNER THIS CONTRAME. ARME C. BRUCE DRD, DONALD B.	Ince or registered agent, or both, in the togations of sect or 620 192, FARCH Statement) HAT IS A CORPORATIUST BE REGISTERE 11a. (Do NOT Use Portion of the Composition of the Composi	City bove ranied limited partners State of Florida Such change utes. CON, LIMITED F ED AND ACTIVE ach General Partner sit Office Box Numbers) NE	hip organized or registered under the laws of two sactionized by its general partner(s). The PARTNERSHIP OR OTHIE WITH THIS OFFICE. I 1b. City, State & Zip Code WINNETKA IL LAKELAND FL HINSDALE IL	the State of Florida, submits this statem reby accept the appointment of registe PR BUSINESS ENTIT	

12. I do hereby cert fy that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Floridal Statutes. The case 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 exemptifrom public access. I further certify that the information indicated on this annual report is true and accurate and that mysignature shall have the same legal effects as if made under oath. I further certify that Tank a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 20. Floridal Statutes.

SIGNATURE.

Typad or Printed Name of General Partner Signing Form. W. GARUCE HAW. Daytinia Telephone Number 94, 646, 6360.