

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -1 PM 1:56

1. Name of Limited Partnership CITRUS PARTNERS, LTD.	1a. DOCUMENT # A18048
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Mailing Address 3824 S. FLORIDA AVENUE LAKELAND FL 33813	Principal Office Address 3824 S. FLORIDA AVENUE LAKELAND FL 33813	3. Date Formed or Registered 10/12/1984	5a. Capital Contributions as Shown on record \$2,000,000.00
		3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FL ORIDA to date
		4. State or Country of Formation IL	
2. Mailing Address Suite, Apt #, etc City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country	6. FBI Number 36-3308455	<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 HALL, W. GARVIE 3824 S. FLA. AVE. LAKELAND FL 33813	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City
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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) *W. Garvie Hall* DATE *9/27/96*

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) DICKES, BYRAM E. HALL, W. GARVIE MCLAGAN, C. BRUCE SHACKELFORD, DONALD B. SMITH, F. SAMUEL URBAN, THOMAS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 700 ARDSLEY 505 LAUREL LANE 425 E. 7TH ST. 6020 HAVENS RD. 103 STEPHEN MATHER RD 5320 GRAND AVE.	11b. City, State & Zip Code WINNETKA IL LAKELAND FL HINSDALE IL GAHANNA OH DARIEN CT DES MOINES IA	11c. Registration/Document Number <i>al</i> <i>104</i>
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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 on stated in Section 119.07(3)(k) Florida Statutes. In 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 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 220, Florida Statutes.

SIGNATURE *W. Garvie Hall* DATE *9/27/96*
 Typed or Printed Name of General Partner Signing Form *W. GARVIE HALL* Daytime Telephone Number *941 646 8360*

CR2E003 (6/96)