

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -3 PM 2:57



1. Name of Limited Partnership	1a. DOCUMENT # A18048
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CITRUS PARTNERS, LTD.

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
2. Mailing Address 2060 80 Foot Rd.		2a. Principal Office Address 2060 80 Foot Rd.		3a. Date of Last Report 10/01/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation IL	
City & State Bartow, FL		City & State Bartow, FL		6. FEI Number 36-3308455	
Zip 33830		Zip 33830		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. GARVE 3824 S. FLA. AVE. LAKELAND FL 33813	10. If changed, new Registered Agent/Office Name Same Street Address (P.O. Box Number Is Not Acceptable) 2060 80 Foot Rd. Suite, Apt. #, etc. City Bartow FL Zip Code 33830
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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)

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DICKES, BYRAM E.	700 ARDSLEY	WINNETKA IL	300002313053--4
HALL, W. GARVE	505 LAUREL LANE 2708 Oaklawn Ave	LAKELAND FL 33863	-10/06/97--01145--012 ****437.50 ****437.50
MGLAGAN, C. BRUCE	425 E. 7TH ST.	HINSDALE IL	
SHACKELFORD, DONALD B.	6020 HAVENS RD.	GAHANNA OH	
SMITH, F. SAMUEL	103 STEPHEN MATHER RD	DARIEN CT	
URBAN, THOMAS	5320 GRAND AVE.	DES MOINES IA	

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 stated in Section 119.07(3)(k), Florida Statutes. I release 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 620, Florida Statutes.

SIGNATURE

W. Garvie Hall

DATE **9/8/97**

Typed or Printed Name of General Partner Signing Form

W. Garvie Hall

Daytime Telephone Number

941-537-2446

CR2E003 (6/97)