

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A23337					
1. Entity Name SOUTHERN FRUIT GROVES, LTD.					
Principal Place of Business 102 W. PINELOCH ST, STE. 10 ORLANDO, FL 32806-6133			Mailing Address P.O. BOX 568367 ORLANDO, FL 32856-8367		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2744674	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARUSO, JAMES P 102 W. PINELOCH ST, STE. 10 ORLANDO, FL 32806-6133			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$252,450.00		10. Amount of Capital Contributions in FLORIDA to date.			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	J27489		STREET ADDRESS		
NAME	PINELOCH MANAGEMENT CORP		CITY - ST - ZIP		
STREET ADDRESS	102 W. PINELOCH ST, STE. 10				
CITY - ST - ZIP	ORLANDO, FL 328066133				
DOCUMENT #			STREET ADDRESS	000000119002	
NAME			CITY - ST - ZIP	04/20/04-80005-003 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date: 4/8/04 Daytime Phone #: 407-859-3550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE