2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 11, 2006 08:00 AM Secretary of State

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t. 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



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For 59-2744674 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, JAMES P 102 W. PINELOCH ST, STE. 10 ORLANDO, FL 32806-6133

DO NOT WRITE IN THIS SPACE

| ₿. | The above named entity submits this statement for the purpose of changing its registered in | office or registered agent, or both, in the State of Florida. | I am lamiliar with, and accept |
|----|---|---|--------------------------------|
| | the obligations of registered agent. | U00000503 | 0000 |
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Signature, typed or printed name of registered egent and title if applicable

04/26/06-88037-822 500.00

FILE NOW!!! FEE 13 \$500.00 After May 1, 2006, Fee will be \$900.80

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.

| <u> </u> | | | | | | |
|---|---|--|--|--|--|--|
| 12. | GENERAL PARTNER INFORMATION | | | | | |
| DOCUMENT # NAME STREET ADDRESS CUTY-ST-TIP | J27489 PINELOCH MANAGEMENT CORP 102 W. PINELOCH ST, STE. 10 ORLANDO, FL 328086133 | | | | | |
| DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| DOCUMENT # NAME SIREET ADDRESS CXTY-ST-ZIP | | | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP | | | | | | |

DO NOT WRITE IN THIS SPACE

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 cath, 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:

STAPLE CHECK HERE

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

407-859-7550