

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:27



1. Name of Limited Partnership

1a. DOCUMENT #  
**A24911**

**PELICAN GROVES, LTD.**

Mailing Address

3824 S. FLORIDA AVE.  
LAKELAND FL 33813

Principal Office Address

3824 S. FLORIDA AVE.  
LAKELAND FL 33813

3. Date Formed or Registered

07/23/1987

5a. Capital Contributions as Shown on record.

\$3,150,000.00

3a. Date of Last Report

10/01/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

2060 80 Foot Rd.  
Suite, Apt. #, etc.

2a. Principal Office Address

2060 80 Foot Rd.  
Suite, Apt. #, etc.

City & State

Bartow FL

City & State

Bartow, FL

Zip

33830

Country

POIK

Zip

33830

Country

POIK

6. FEI Number

59-2820280

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐

\$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. FLORIDA 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

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)

DATE

**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)

CITRUS PARTNERS, LTD.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

3824 S. FLORIDA AVE.  
2060 80 Foot Rd.

11b. City, State & Zip Code

LAKELAND FL  
Bartow, FL 33830

11c. Registration/Document Number

A18048

4000002313934-4  
-10/07/97-01047-027  
\*\*\*\*437.50 \*\*\*\*437.50

4000002313934-4  
-10/07/97-01047-028  
\*\*\*\*103.75 \*\*\*\*103.75  
dec

**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)