

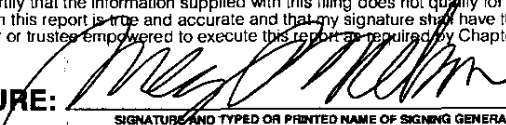


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY 27 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A26060</b>			
1. Entity Name <b>BERNARD EGAN LTD. LLLP</b>			
Principal Place of Business <b>1900 OLD DIXIE HIGHWAY FT. PIERCE, FL 34946</b>		Mailing Address <b>1900 OLD DIXIE HIGHWAY FT. PIERCE, FL 34946</b>	
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 <b>65-0033161</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FT. PIERCE, FL 34946		Name <b>Carnell, Richard M. Jr.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1900 Old Dixie Highway</b>	
		City <b>Fort Pierce</b>	
		FL Zip Code <b>34946</b>	
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 <b>4/15/04</b>	
9. Capital Contributions as Shown on record. <b>\$467,429.00</b>		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 #	EGAN, BERNARD A	STREET ADDRESS	<b>Bernard A. Egan</b>
NAME	1900 OLD DIXIE HIGHWAY	CITY-ST-ZIP	<b>Living Trust Dated 3/1/02</b>
STREET ADDRESS	FT. PIERCE, FL		
CITY-ST-ZIP			
DOCUMENT #	P98000058537	STREET ADDRESS	
NAME	EGAN CITRUS CO.	CITY-ST-ZIP	<b>700037815427</b>
STREET ADDRESS	1900 OLD DIXIE HIGHWAY		<b>06/09/04--01079--022 **526.25</b>
CITY-ST-ZIP	FT. PIERCE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Egan Citrus Co. 4/15/04 772- 465-7555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		by: <b>Gregory P. Nelson, President</b>	

STAPLE CHECK HERE