FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

DOCUMENT# A30252

FILED 98 OCT 12 ACTO: 12 MOCHETANY OF THE MADA

SUNPURE GROVES, LTD.

ga-ARCM

		IIDI OLDII		

Malling Address Principal Office Address				3. Date Formed or Registered 06/25/1990		5a. Capital Contributions as Shown on record.	
1600 SUNPURE ROAD 1600 SUNPURE ROAD							
AVON PARK FL 33825	AVON PARK FL 33825	1600 SUNPURE ROAD AVON PARK FL 33825		38. Date of Lest Report		\$1,736,000.00	
A CHAPTER TO SUPER	NYON FARR FL 93025						
				12/12/1997	5D. Amb	unt of Capital ributions in FLORIDA	
2	30 0:1107		4	. State or Country of Formation	to de	te:	
2. Mailing Address	2a. Principal Office Address			FL			
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. FEI Number				
				•	Applied For		
City & State	City & State			59-3015383		Not Applicable	
			7	7. Certificate of Status Desired \$8.75 Addition			
Zip Country	Zip Country			Addisorbed couple to Doct of		Fee Required	
				8, Make check payable to: Dept. of State (See reverse side for fee Information)			
9. Name and Address of Cur		10. If changed, new Registered Agent/Office					
Name							
LASHKAJANI, HADI B	Streel Address (P.O. Box Number is Not Acceptable)						
1600 SUNPURE ROAD							
Avon Park f l 33825		Sulte, Apt. #, etc.					
-		City			FL	Zip Code	
agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA		LIMITED	PARTN	DATE DATE	R BUSI	NESS ENTITY	
MU	IST BE REGISTERED A	ND ACTIV	E WITH	THIS OFFICE.			
11. Name(s) of General Partner(s)	Address of Each Gene (Do NOT Use Post Office	erat Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
SUNPURE PRODUCTS, INC.	1600 SUNPURE ROAD	,		AVON PARK FL 33825		K 00 323 F 92 00000008	
TODD JUICE PRODUCTS, INC.	1717 DOUGLAS AVENUE		KALAMAZOO MI 49005		F 92 000000008		
				7000026 -10/16/	<u>650</u>	871	
•		ı		****52	6 25 °	****526.25	
, v							
Note: General partners MAY NO	OT be changed on this for	m; an ame	endment	must be filed to cha	nge a d	eneral partner.	

12. I do hereby certify that the information expelled with this filling is volvntarily 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 isability 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 their my signature shall eave the same logal 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.