


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30615</b>			
1. Entity Name <b>SOUTHERN FARMS LTD.</b>			
Principal Place of Business <b>C/O RONALD P. GRIGSBY, SFG PROPERTIES P.O. BOX 985 LAKE PLACID FL 33852</b>		Mailing Address <b>C/O RONALD P. GRIGSBY, SFG PROPERTIES P.O. BOX 985 LAKE PLACID FL 33852</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>59-3025338</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRIGSBY, RONALD P 1511 US 27 SOUTH LAKE PLACID FL 33852</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GP0000000880	STREET ADDRESS	
NAME	SAMARON PROPERTIES, A FLORIDA G.P.	CITY-ST-ZIP	
STREET ADDRESS	1511 US 27 SOUTH		
CITY-ST-ZIP	LAKE PLACID FL 33852		
DOCUMENT #		STREET ADDRESS	
NAME	GRIGSBY, CAROLYN B	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1230		
CITY-ST-ZIP	OKEECHOBEE FL 34973		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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)(j), 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: <i>Ronald Grigsby</i>		4/12/04 863-465-4455	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE