

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A30615

1. Entity Name

SOUTHERN FARMS LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:33

Principal Place of Business

C/O RONALD P. GRIGSBY, SFG PROPERTIES
P.O. BOX 985
LAKE PLACID FL 33852

Mailing Address

C/O RONALD P. GRIGSBY, SFG PROPERTIES
P.O. BOX 985
LAKE PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number
59-3025338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIGSBY, RONALD P
1511 US 27 SOUTH
LAKE PLACID FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.**

**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 # **GP0000000880**
NAME **SAMARON PROPERTIES, A FLORIDA G.P.**
STREET ADDRESS **1511 US 27 SOUTH**
CITY-ST-ZIP **LAKE PLACID FL 33852**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **GRIGSBY, CAROLYN B**
NAME **P.O. BOX 1230**
STREET ADDRESS **OKEECHOBEE FL 34973**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: X

Ronald Grigsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/05 863-465-4455
Date Daytime Phone #

STAPLE CHECK HERE