

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A30615

1. Entity Name
SOUTHERN FARMS LTD.



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**



03232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3025338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

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

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

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

DOCUMENT #
NAME **GRIGSBY, WILLIAM R JR.**
STREET ADDRESS **518 BEAR ROAD**
CITY-STATE-ZIP **LAKE PLACID, FL 33852**

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000727247
05/04/07-80039-024 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ronald P. Grigsby

Ronald P. Grigsby

4-19-07

Date

863-465-4455

Phone