## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A32133** 

C & G CITRUS, L.P. LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 28 PM 3: 18



| Mailing Address 701 HARGER ROAD, SUITE 180 OAK BROOK IL 60521                                                                                                                                                                                                                                                                                                                                                       | Principal Office Address 701 HARGER ROAD. SUITE 190 OAK BROOK IL 60521                                                                                                                                                                                                                                                                                                                                                                |                                                              | 3. Date Formed or Registered<br>10/17/1991<br>3a. Date of Last Report<br>10/31/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 58. Capital Contributions as Shown on record. \$4,294,355.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Mailing Address     2a. Principal Office Address                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              | 4. State or Country of Formation DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contributions InFLORIDA to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                 | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                   | Suite, Apt. #, etc.                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                        | City & State                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 36-3769532  7. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not Applicable \$8.75 Additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                         | Ziρ                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country                                                      | 8. Make check payable to: Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee Required of State (See reverse side for fee information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 9. Name and Address of C                                                                                                                                                                                                                                                                                                                                                                                            | urrent Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                                     | 10. If changed, new Registe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | red Agent/Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                       | Street Address (P.O. Box Number Is Not Acceptable)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sulte, Apt. #, etc.                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                       | City FL Zip Code                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | or registered agent, or both, in the State of Flori                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | ship organized or registered under th <b>e laws of</b><br>as authorized by its general partner(s). I hereby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the purpose of changing its registered office<br>I am familiar with, and accept the obligations<br>SIGNATURE (Registered Agent Accepting Appointme<br>A GENERAL PARTNER TH                                                                                                                                                                                                                                          | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  IAT IS A CORPORATION                                                                                                                                                                                                                                                                                                                       | da. Such change wi                                           | partners of the partner of the partn | accept the appointment of registered agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| the purpose of changing its registered office I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH                                                                                                                                                                                                                                                   | or registered agent, or both, in the State of Flori<br>of section 620.192, Florida Statutes.  INT IS A CORPORATION<br>UST BE REGISTERED A                                                                                                                                                                                                                                                                                             | , LIMITED<br>ND ACTIV                                        | partners of the partner of the partn | accept the appointment of registered agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| the purpose of changing its registered office I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH                                                                                                                                                                                                                                                 | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  IAT IS A CORPORATION UST BE REGISTERED A                                                                                                                                                                                                                                                                                                   | , LIMITED<br>ND ACTIV<br>Heral Partner<br>Box Numbers)       | PARTNERSHIP OR OTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ER BUSINESS ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| the purpose of changing its registered office I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)                                                                                                                                                                                                           | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  IAT IS A CORPORATION UST BE REGISTERED A  Address of Each Ger [Do NOT Use Post Oflice                                                                                                                                                                                                                                                      | , LIMITED<br>ND ACTIV<br>Heral Partner<br>Box Numbers)       | PARTNERSHIP OR OTH E WITH THIS OFFICE.  11b. City, State & Zip Code  OAK BROOK IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ER BUSINESS ENTITY  11c. Registration/ Document Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| the purpose of changing its registered office I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)                                                                                                                                                                                                           | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  INT IS A CORPORATION UST BE REGISTERED A  11a. Address of Each Ger 11a. (Do NOT Use Post Office  701 HARGER ROAD,                                                                                                                                                                                                                          | LIMITED ND ACTIV Heral Partner Box Numbers                   | PARTNERSHIP OR OTH E WITH THIS OFFICE.  11b. City, State & Zip Code  OAK BROOK IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ER BUSINESS ENTITY  11c. Registration/ Document Number  P35979  2129642-8 1/9701024-017 541,25 *****541.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| the purpose of changing its registered office. I am familiar with, and accept the obligations.  SIGNATURE (Registered Agent Accepting Appointme.  A GENERAL PARTNER TH.  M.  11. Name(s) of General Partner(s).  C&G CITRUS COMPANY.  Note: General partners MAY I.  12. I do hereby certify that the information supplied. Corporations from any liability of non-complian.                                        | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  INTIS A CORPORATION UST BE REGISTERED A Address of Each Ger 11a. Address of Each Ger 10b NOT Use Post Office 701 HARGER ROAD, 10 With this filing is voluntarily furnished and does ce with Section 119.07(3)(k) in the event that the signature shall have the same legal effects as it by chapter 630. Plorida Statutes.                 | LIMITED ND ACTIV herai Partner Box Numbers) #190  rm; an ame | PARTNERSHIP OR OTH E WITH THIS OFFICE.  11b. City, State & Zip Code  OAK BROOK IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ER BUSINESS ENTITY  11c. Registration/ Document Number  P35979  2129642-917 541.25 ****541.25  hange a general partner.  a Statutes. I release the Division of her certify that the information indicated on the receiling that the information indicated on the received that the information indicated the received that the information indicated on the received that the information indicated the received that the received that the received that the received that the rec |
| the purpose of changing its registered office I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH M  11. Name(s) of General Partner(s)  C&G CITRUS COMPANY  - Note: General partners MAY I  12. I do hereby certify that the information supplied corporations from any liability of non-complian annual record its true and accurate and that my | or registered agent, or both, in the State of Flori of section 620.192, Florida Statutes.  IAT IS A CORPORATION, UST BE REGISTERED A Address of Each Ger 11a. Address of Each Ger 10b NOT Use Post Office 701 HARGER ROAD, 11 HARGER ROAD, 12 HARGER ROAD, 13 HARGER ROAD, 14 With this filing is voluntarily furnished and does ce with Section 119.07(3)(k) in the event that the signature shall have the same legal effects as it | LIMITED ND ACTIV herai Partner Box Numbers) #190  rm; an ame | PARTNERSHIP OR OTH E WITH THIS OFFICE.  11b. City, State & Zip Code  OAK BROOK IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ER BUSINESS ENTITY  11c. Registration/ Document Number  P35979  21 29642 9  1/97-01024-017  541.25 ****541.25  hange a general partner. a Statutes. I release the Division of her certify that the Information indicated on the limited partnership, receiver or trustee  2/14/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |