

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A32133**

1. Entity Name  
**SUN GROWN CITRUS, L.P.**



Principal Place of Business  
**1857 KELLER RD.  
FT MEADE, FL 33841**

Mailing Address  
**1857 KELLER RD.  
FT MEADE, FL 33841**

*\$500.00*

**FILED**  
**06 APR 28 13:11:18**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3769532</b>	Applied For 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**

**SOUTHERN BAKERIES, INC.  
3355 W. MEMORIAL BLVD.  
ATTN: ARTHUR KRANTZ  
LAKELAND, FL 33801**

**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, 2006, 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 #	P35979
NAME	SUN GROWN CITRUS, INC.
STREET ADDRESS	701 HARGER ROAD, #190
CITY - ST - ZIP	OAK BROOK, IL 60523

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**400074327234**  
**05/10/06--01012--002 \*\*1250.00**

**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:**

*SM Schuster*

**Executive V.P.**

**12 APR 06**

**630-575-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE