
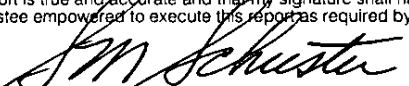


2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT #A32133 1. Entity Name SUN GROWN CITRUS, L.P.						FILED 07 APR 26 PM 3:53 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1857 KELLER RD. FT MEADE, FL 33841				Mailing Address 1857 KELLER RD. FT MEADE, FL 33841			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SOUTHERN BAKERIES, INC. 3355 W. MEMORIAL BLVD. ATTN: ARTHUR KRANTZ LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME Attn: Ken Reeves City SAME FL Zip Code SAME			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P35979			STREET ADDRESS			
NAME	SUN GROWN CITRUS, INC.			CITY-ST-ZIP			
STREET ADDRESS	701 HARGER ROAD, #190			CITY-ST-ZIP			
CITY-ST-ZIP	OAK BROOK, IL 60523			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP			
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NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				Stephen M. Schuster		4/09/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE



04092007 Chg-LP CR2E003 (12/06)

4. FEI Number 36-3769532 Applied For Not Applicable

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

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