2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By September 14, 2007 May 10, 2007 08:00 AM Secretary of State **DOCUMENT # A32748** 1. Entity Name LAMBETH CITRUS, LTD. Principal Place of Business Mailing Address 7150 20TH STREET, SUITE A P.O. BOX 2090 VERO BEACH, FL 32961 VERO BEACH, FL 32966 05072007 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0317558 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMBETH, GEORGE S. DO NOT WRITE 7150 20TH STREET, SUITE A VERO BEACH, FL 32966 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, typed or printed name of registered agent and title if applicable FILE NOWIII FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00 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. GENERAL PARTNER INFORMATION 12. 378682 DOCUMENT # LAMBETH CITRUS PRODUCTS, INC. U00000763172 05/29/07-80045-003 900.00 STREET ADDRESS 7150 20TH STREET, SUITE A CITY-ST-ZIP VERO BEACH, FL 32966 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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: 🔼

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS CITY-\$T-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Applied For

Not Applicable