## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

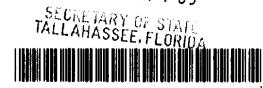
## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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SEMINOLE CITRUS, LTD.						
					AL 12/	
Mailing Address  XXX MARPICKBLVQ.  XXIII XIX	Principal Office Address  YOX WARRONEWA  SUNTEX 27.2X  PUNTA GORDA FL 33350X			3. Date Formed or Registered 08/21/1992 58. Capital Contributions as Shown on record. \$794,837.00		
PUNTA GORDA FLXSSESE				3a. Date of Last Report 11/01/1995	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 1 Woodland Drive	2a. Principal Office Address 1 Woodland Dri	ve		4. State or Country of Formation	to date	
Suite, Apt. #, etc	Suite, Apt. #, etc.			6. FEI Number 65-0353564	Applied For Not Applicable	
Punta Gorda, FL 33982 Zip Country	City & State Punta Gorda, F	L 3398	32	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
33982	33982	Country				
9. Name and Address of Current Registered Agent  JOHNS, ALFRED M.  XIBIXMADRID BLVD. 1 Woodland Drive  XSUNE 212  PUNTA GORDA FL 33680X Punta Gorda, FL 33982		10. If changed, new Registered Agent/Office				
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc12/06/9601100010				
	City			****576.25 *****576.25 FL		
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations.  SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flor				reby accept the appointment of registered	
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		11b.	City, State & Zip Code	11c. Registration/ Document Number	
SEMINOLE TRAIL, INC.	100 MADRID BLVD.		PU	inta gorda fl	J72757	
•		:				
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the	<del></del>	ot qualify for the	exemption			

this annual report is true and accurate and that my signature shall have the empowered to execute this re

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Typed or Printed Name of General Partner Signing Fo

ALFRED M. Johns

Daytime Telephone Number

0008619