

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33361</b>	
1. Entity Name <b>SEMINOLE CITRUS, LTD.</b>	



Principal Place of Business <b>1 WOODLAND DR. PUNTA GORDA FL 33982</b>	Mailing Address <b>1 WOODLAND DR. PUNTA GORDA FL 33982</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>JOHNS, ALFRED M. 1 WOODLAND DR. PUNTA GORDA FL 33982</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$794,837.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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 #	J72757	STREET ADDRESS	
NAME	SEMINOLE TRAIL, INC.	CITY- ST- ZIP	
STREET ADDRESS	100 MADRID BLVD.		
CITY- ST- ZIP	PUNTA GORDA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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STREET ADDRESS			
CITY- ST- ZIP			

03/18/05-80008-010 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/19/05**  
Date

Dev/Time Phone #

STAPLE CHECK HERE