

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -3 PM 3: 38



1. Name of Limited Partnership
1a. DOCUMENT #
A93000001006

DUDA BURG SUNRISE, LTD.

Mailing Address P.O. BOX 257 OVIEDO FL 32765 --		Principal Office Address 1975 WEST STATE ROAD 426 OVIEDO FL 32765		3. Date Formed or Registered 10/01/1993	5a. Capital Contributions as Shown on record \$2,600,000.00
2. Mailing Address P.O. Box 620257		2a. Principal Office Address		3a. Date of Last Report 10/12/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$2,800,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3206146	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32762-0257 Country		Zip Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CAPOUANO, ALBERT D 800 NORTH MAGNOLIA AVENUE, SUITE 1500 ORLANDO FL 32803	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DBS CITRUS PACKING, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1975 WEST STATE ROAD 426	11b. City, State & Zip Code OVIEDO FL 32765	11c. Registration/Document Number P93000062126
<p>300002058273--7 -01/15/97--01007--014 ****585.00 ****585.00</p> <p><i>Joe (CWS) 585.00</i></p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE **12-31-96**

Typed or Printed Name of General Partner Signing Form

DBS Citrus Packing, Inc. by Joseph Casey

Daytime Telephone Number

(407) 365-2111

CR2E003 (6/96)