A95000000639

THE CITRUS EQUITY LIMITED PARTNERSHIP
NEIL O. SAWYER, GENERAL PARTNER
1584 Pinwheel Drive
Crystal River, FL 34429
(904) 795-5804

April 12, 1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Limited Partnership Division
Post Office Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is a "Certificate of Limited Partnership" for registering with the State.

Also enclosed is a check in the amount of $164.50:

Filing fee $7/$1,000 - based on $11,000 (rounded up from $10,099)	$ 77.00
Designation of Registered Agent	35.00
Certified Copy of Certificate	52.50
TOTAL	$164.50

Please contact Neil Sawyer at 904/795-5804, and at address shown above, for matters regarding this limited partnership.

Sincerely,

Neil O. Sawyer
General Partner

NOS/blp
Enclosures

A95000000639

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. THE CITRUS EQUITY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1584 PINWHEEL DRIVE, CRYSTAL RIVER, FLORIDA 34429
(The Business Address of Limited Partnership)

3. NEIL O. SAWYER
(Name of Registered Agent for Service of Process)

4. 1584 PINWHEEL DRIVE, CRYSTAL RIVER, FLORIDA 34429
(Florida Street Address for Registered Agent)

5. Neil O Sawyer
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 1584 PINWHEEL DRIVE, CRYSTAL RIVER, FL 34429
(The Mailing Address of the Limited Partnership.)

7.The latest date upon which the Limited Partnership is to be dissolved is 12/31/2019 .

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

NEIL O. SAWYER	1584 PINWHEEL DRIVE, CRYSTAL RIVER, FL 34429

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

THE CITRUS EQUITY LIMITED PARTNERSHIP , a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 99.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 10,099.00 .

This 11th day of APRIL , 19 95 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

General Partner	General Parnter
General Partner	General Partner
General Partner	General Partner

Signed this 11th day of APRIL, 1995.

Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 APR 17 PM 12:50

SCHEDULE A

ASSET	LOCATION
Checking Account # 1005313	Citrus National Bank
Karp Trust Interest, Agreement Dated February 2, 1985	
Karp Trust Interest, Agreement Dated February 25, 1985	

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 SEP 21 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000639

THE CITRUS EQUITY LIMITED PARTNERSHIP

2. New Mailing Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address
1584 PINWHEEL DRIVE
CRYSTAL RIVER FL 34429

Principal Office Address
1584 PINWHEEL DRIVE
CRYSTAL RIVER FL 34429

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
04/17/1995	1-1-95	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For	7. CERTIFICATE OF STATUS REQUIRED
$10,099.00	$10,099.00	59-3314431	X	
			Not Applicable	

8. **FEES:** 1) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE. 209.00

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
SAWYER, NEIL O 1584 PINWHEEL DRIVE CRYSTAL RIVER FL 34429	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # etc. City FL

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SAWYER, NEIL O	1584 PINWHEEL DRIVE	CRYSTAL RIVER FL 3442	A95000000639

AR - $ 70.69
SF - 138.75
Cwd - 8.75

9/25/95 aw

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Neil O Sawyer DATE 9/12/95

Typed or Printed Name of General Partner Signing Form Neil O. Sawyer Telephone Number (904) 795-5804

CR2E003 (6/95)

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