
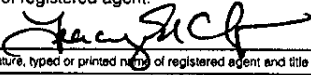
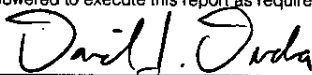


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

05 APR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001432			
1. Entity Name CB TANK FARM, LTD.			
Principal Place of Business 1975 WEST STATE ROAD 426 OVIEDO, FL 32765		Mailing Address P.O. BOX 620257 OVIEDO, FL 32762-0257	
2. Principal Place of Business 1200 Duda Trail		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oviedo, FL		City & State	
Zip 32765	Country	Zip	Country
4. FEI Number 59-3341975		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04082005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAPMAN, TRACY DUDA 1975 WEST STATE ROAD 426 OVIEDO, FL 32765		Name Street Address (P.O. Box Number is Not Acceptable) 1200 Duda Trail City Oviedo FL Zip Code 32765	
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>		Tracy Du-a Chapman, Secretary DATE 4/11/05	
9. Capital Contributions as Shown on record. \$375,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$375,000.00	
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	583341 SOUTHLAND PRODUCE SALES OF FLORIDA, INC. 1975 WEST STATE ROAD 426 OVIEDO, FL 32765	STREET ADDRESS CITY-ST-ZIP	1200 Duda Trail Oviedo, FL 32765
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900054031359 05/06/05 01115 002 **535.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		David J. Duda Date 04/12/05 Daytime Phone # (407) 365-2111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE