


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007969  
AT

<b>DOCUMENT #</b> <b>A95000001432</b>	
<b>1. Entity Name</b> CB TANK FARM, LTD.	

FILED

2003 APR 21 PM 2:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 1975 WEST STATE ROAD 426 OVIEDO FL 32765	<b>Mailing Address</b> P.O. BOX 620257 OVIEDO FL 32762-0257
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
<b>4. FEI Number</b> 59-3341975	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
CHAPMAN, TRACY DUDA 1975 WEST STATE ROAD 426 OVIEDO FL 32765

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b> <b>\$375,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> <b>\$375,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	583341
NAME	SOUTHLAND PRODUCE SALES OF FLORIDA, INC.
STREET ADDRESS	1975 WEST STATE ROAD 426
CITY-ST-ZIP	OVIEDO FL 32765
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200016399452
STREET ADDRESS	04721703--01063--021    **535.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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**

<b>SIGNATURE:</b>	 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4-11-03 Date	(407) 365-2111 Daytime Phone #
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STAPLE CHECK HERE

CRZE003 (10/02)