


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007969
AT

DOCUMENT # A95000001432	
1. Entity Name CB TANK FARM, LTD.	

FILED

2003 APR 21 PM 2:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

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

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) 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.

9. Capital Contributions as Shown on record. \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$375,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	

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

SIGNATURE:	 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)