

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011276 AF

**DOCUMENT #** A96000002022

**1. Entity Name**  
VALENCIA GROVES, LTD.

**Principal Place of Business**  
3665 BEE RIDGE ROAD, SUITE 310  
SARASOTA FL 32433


**Mailing Address**  
3665 BEE RIDGE ROAD, SUITE 310  
SARASOTA FL 32433

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

01 MAR 15 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
FLORIDA CITRUS LANDS, INC. 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA FL 32433		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.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. <b>\$49,500.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000089030	STREET ADDRESS	
NAME	FLORIDA CITRUS LANDS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310		
CITY-ST-ZIP	SARASOTA FL 32433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:**  **Anina C. McSweeney** **03/10/01** **(941) 923-4551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)