
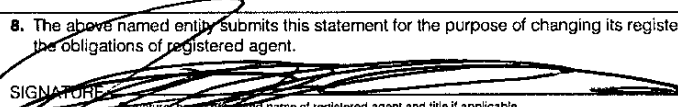
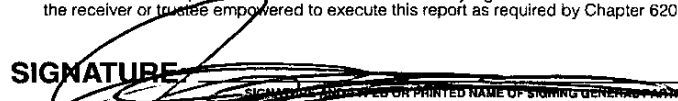


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR -1 AM 9:43

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0720383	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 32433				7. Name and Address of New Registered Agent Name Jaime S. Carrion Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd. #310 City Sarasota FL Zip Code 34233	
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 Jaime S. Carrion March 4, 2005					
9. Capital Contributions as Shown on record. \$49,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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					
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NAME			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 			Jaime S. Carrion 3/4/05 (941) 923-4551		

STAPLE CHECK HERE

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04/07/05-01065-011 **435.25