


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

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000002890					
1. Entity Name CVIGNE FARMS LIMITED					
Principal Place of Business 1195 N.W. 165TH STREET CITRA, FL 32113			Mailing Address 6371-4 PRESIDENTIAL CT FORT MYERS, FL 33991		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0815856	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JESSEN, ANDREW G 6371-4 PRESIDENTIAL COURT FORT MYERS, FL 33919			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$250,010.00		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 #	NAME		STREET ADDRESS		
	VIGNE, CHARLES R		CITY - ST - ZIP		
	1195 N.W. 165TH STREET			000000362337	
	CITRA, FL 32113			05/05/05-80112-017 526.25	
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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: <u>Charles R. Vigne</u>			Date: <u>4/25/05</u>		Daytime Phone #: <u>352-266-2223</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



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