2007 LIMITED PART RSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A97000002890 1. Entity Name CVIGNE FARMS LIMITED

Principal Place of Business

1195 N.W. 165TH STREET CITRA, FL 32113

Mailing Address

334 N.W. 3RD AVENUE OCALA, FL 34475

FILED Jul 17, 2007 08:00 AM Secretary of State



07022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0815856

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, PATRICIA A 334 N.W. 3RD AVENUE **OCALA, FL 34475**

DO NOT WRI

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its itions of registered agent.	registered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOWIII FEE IS \$900.00 On or after September 14, 2007, Fee wil	II be \$1000.00
î N		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE: le form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP	VIGNE, CHARLES R 1195 N.W. 165TH STREET CITRA, FL 32113	Hononzeasse
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		07/17/07-80003-013 900.00
DOCUMENT F NAME STREET ADDRESS CITY-ST-7IP		DO NOT WRITE

STREET ADDRESS CITY - ST - 7IP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DOCUMENT # NAME STREET ADDRESS CITY:ST-ZIP DOCUMENT # NAME