2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000002925 **DOCUMENT #**

1. Entity Name CITRUS GROVE ESTATES, LTD.



Principal Place of Business
12 PALMWOOD DRIVE **BRADENTON FL 34208**

Mailing Address
12 PALMWOOD DRIVE **BRADENTON FL 34208**

FILED 03 FEB -4 PM 5: 21 SECRETARY OR STATE TALEAHASSEE FLORIDA



Principal Place of Business Malling Address					1 1001911 1013 10111 10011 0011 10111 10111 10111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number 65-0802560 Applied For Not Applicable	
Zip	Country	Zip Countr		гу	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	and Address of Current Rec	istered Agent	1 - 		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent CITRUS GROVE MANAGEMENT, INC. 12 PALMWOOD BRADENTON FL 34208				Name Street Address (P.O. Box Number is Not Acceptable)		
			ļ	City	FL Zip Code	
8. The above named entity the obligations of registe	submits this statement for the red agent.	e purpose of changing lt	s registere	d office or regi	sistered 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	
9. Capital Contributions \$747,450.00 10. Amount of Capital in FLORIDA to da			date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	ENERAL PARTNER THA	AT IS A BUSINESS E	NTITY M the form	UST BE REG ; an amendr	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT / P97000107 NAME CITRUS GI STREET ADDRESS 12 PALMW	ROVE MANAGEMENT, IN	C.		EET ADDRESS		
CITY-ST-ZIP BRADENTO	ON FL 34208				200011795738 02/04/0301088015 **526.25	
DOCUMENT # NAME STREET ADDRESS				EET ADDRESS	02/94/0301088019 ***320:23	
CITY-ST-ZIP						
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CITY-ST-ZIP		A Land of the same of the		remotion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

14. I hereby certify that the information supplied with this filing grees 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 any that my supplied with 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 employered to execute this report as resulted by Chapter 620, Florida Statutes

SIGNATURE:

Daytime Phone #

CR2E003 (10/02)