



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

|   |   |
|---|---|
| <b>DOCUMENT # A99000002263</b><br>1. Entity Name<br><b>GULF CITRUS PARTNERS, L.P.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>444 N. DILLARD STREET, SUITE 2<br/>WINTER GARDEN FL 34787</b> | Mailing Address<br><b>P.O. BOX 770776<br/>WINTER GARDEN FL 34777</b> |
|---|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

FILED  
07 JUN -1 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CMDM CORPORATION<br/>444 N. DILLARD STREET, SUITE 2<br/>WINTER GARDEN FL 34787</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | K43731                         | STREET ADDRESS           | 000104227640                  |
| NAME                            | CMDM CORPORATION               | CITY - ST - ZIP          | 06/11/07--01054--014 **900.00 |
| STREET ADDRESS                  | 444 N. DILLARD STREET, SUITE 2 |                          |                               |
| CITY - ST - ZIP                 | WINTER GARDEN FL 34787         |                          |                               |
| DOCUMENT #                      |                                | STREET ADDRESS           |                               |
| NAME                            |                                | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                                |                          |                               |
| CITY - ST - ZIP                 |                                |                          |                               |
| DOCUMENT #                      |                                | STREET ADDRESS           |                               |
| NAME                            |                                | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                                |                          |                               |
| CITY - ST - ZIP                 |                                |                          |                               |
| DOCUMENT #                      |                                | STREET ADDRESS           |                               |
| NAME                            |                                | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                                |                          |                               |
| CITY - ST - ZIP                 |                                |                          |                               |
| DOCUMENT #                      |                                | STREET ADDRESS           |                               |
| NAME                            |                                | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                                |                          |                               |
| CITY - ST - ZIP                 |                                |                          |                               |

STAPLE CHECK HERE

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.

SIGNATURE CMDM Corp Gen Partner Ed R. Pres 5/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER