


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B92000000064 1. Entity Name SFE CITRUS PROCESSORS, L.P., LTD.					
Principal Place of Business 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523			Mailing Address 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. <i>BK</i>			
City & State Zip		City & State Zip		4. FEI Number 59-3155356	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523-2401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. \$4,000,000.00	
10. Amount of Capital Contributions in FLORIDA to date. \$4,000,000.00				11. Amount of Capital Contributions in FLORIDA to date. \$4,000,000.00	
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 #	M99000001259		STREET ADDRESS	15000 US HIGHWAY 301 N.	
NAME	SFE CITRUS GP, LLC		CITY-ST-ZIP	DADE CITY, FL 33523	
STREET ADDRESS	400 NORTH TAMPA STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPAS, FL 33602		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>GARY VILJOEN</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE: 04/28/05 <small>Date</small>		
DAYTIME PHONE: 813-301-4806 <small>Daytime Phone #</small>			15. Amount of Capital Contributions in FLORIDA to date. \$4,000,000.00		

FILED
 05 APR 29 PM 6:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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