

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:35

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 15000 Citrus Country Dr Suite, Apt. #, etc. Suite 202 City & State Dade City, FL Zip 33523-2401		3. Mailing Address P.O. Box 97 Suite, Apt. #, etc. City & State Dade City, FL Zip 33523-0097	
4. FEI Number 59-3155356		Applied For <input type="checkbox"/> Not Applicable	
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) 15000 Citrus Country Dr Suite 202 City Dade City, FL Zip Code 33523-2401	
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 <u>Ben Reese</u> BEN REESE		DATE <u>03/28/06</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00			
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 # NAME STREET ADDRESS CITY-ST-ZIP	M99000001259 SFE CITRUS GP, LLC 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523	STREET ADDRESS CITY-ST-ZIP	15000 Citrus Country Dr Dade City, FL 33523-2401
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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: <u>Ben Reese</u> BEN REESE, CEO, SFE CITRUS GP, LLC DATE: <u>03/28/06</u> 33523-2401			

STAPLE CHECK HERE