

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000718**

1. Entity Name  
**CONSOLIDATED CITRUS LIMITED PARTNERSHIP**

FILED

00 APR 10 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1415 LOUISIANA, STE. 2300  
HOUSTON TX 77002

Mailing Address  
1415 LOUISIANA, SUITE 2300  
HOUSTON TX 77002-7352

2. Principal Place of Business:  
**4210 Metro Parkway**  
Suite, Apt. #, etc.: **Suite 250**  
City & State: **FORT MYERS FL**

3. Mailing Address  
**4210 METRO PARKWAY**  
Suite, Apt. #, etc.: **SUITE 250**  
City & State: **FORT MYERS FL**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

Zip **33916-9409** Country **USA** Zip **33916-9409** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.  
SIGNATURE N/A DATE

9. Capital Contributions as Shown on record. **\$69,559,349.00** 10. Amount of Capital Contributions in FLORIDA **67,146,587** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	<b>M98000001587</b>
NAME	<b>CONSOLIDATED CITRUS MANAGEMENT, L.L.C.</b>
STREET ADDRESS	<b>1415 LOUISIANA, SUITE 2300</b>
CITY - ST - ZIP	<b>HOUSTON TX 77002</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4210 METRO PARKWAY - Suite 250</b>
CITY - ST - ZIP	<b>FORT MYERS, FL 33916-9409</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003223650--7</b>
CITY - ST - ZIP	<b>-04/25/00--01093--010</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** Date **4/7/00** Daytime Phone #

CR2E003 (9/99)