

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90021 040 \*\*\*\*50.00

**DOCUMENT # L04000043801**

1. Entity Name  
**CITRUS OAKS FARM, LLC**



Principal Place of Business  
**12029 HAZEN AVENUE  
THONOTOSASSA, FL 33592-2822**

Mailing Address  
**12029 HAZEN AVENUE  
THONOTOSASSA, FL 33592-2822**

**20026861**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHORSANDIAN, SHERIAR  
12029 HAZEN AVENUE  
THONOTOSASSA, FL 33592-2822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **KHORSANDIAN, SHERIAR**  
STREET ADDRESS **12029 HAZEN AVENUE**  
CITY-ST-ZIP **THONOTOSASSA, FL 335922822**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **KHORSANDIAN, JAN**  
STREET ADDRESS **12029 Hazen Avenue**  
CITY-ST-ZIP **THONOTOSASSA, FL 335922822**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sheriar Khorsandian **SHERIAR KHORSANDIAN** April 5, 2005 (813) 830-7884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #