

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043801

Entity Name: CITRUS OAKS FARM, LLC

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

12029 HAZEN AVENUE
THONOTOSASSA, FL 335922822

New Principal Place of Business:

Current Mailing Address:

12029 HAZEN AVENUE
THONOTOSASSA, FL 335922822

New Mailing Address:

12029 HAZEN AVENUE
THONOTOSASSA, FL 335922822 US

FEI Number: 20-1699862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHORSANDIAN, SHERIAR K
12029 HAZEN AVENUE
THONOTOSASSA, FL 335922822 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHORSANDIAN, SHERIAR
Address: 12029 HAZEN AVENUE
City-St-Zip: THONOTOSASSA, FL 335922822

Title: MGR () Delete
Name: KHORSANDIAN, JAN K
Address: 12029 HAZEN AVENUE
City-St-Zip: THONOTOSASSA, FL 335922822

Title: MGRC () Delete
Name: KHORSANDIAN, LEAH F
Address: 12029 HAZEN AVE
City-St-Zip: THONOTOSASSA, FL 335922822

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 K KHORSANDIAN

MGR

01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date