

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001560

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA CITRUS INTERNATIONAL-DEVELOPMENT, L.C.

Current Principal Place of Business:

1682 STATE ROAD 64 WEST
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

1682 STATE ROAD 64 WEST
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-0859657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNKEL, KLAUS
1682 STATE ROAD 64 WEST
WAUCHULA, FL 33873 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/MEMBERS:

Title: MGRM () Delete
Name: KUNKEL, KLAUS
Address: 1682 STATE ROAD 64 WEST
City-St-Zip: WAUCHULA, FL 33873

Title: MGRM () Delete
Name: F&H CITRUS, INC.,
Address: 1682 STATE ROAD 64 WEST
City-St-Zip: WAUCHULA, FL 33873

Title: MGRM () Delete
Name: D.H. CITRUS, INC.,
Address: 1682 STATE ROAD 64 WEST
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: G.F. CITRUS, INC.,
Address: 1682 STATE ROAD 64 WEST
City-St-Zip: WAUCHULA, FL 33873

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KLAUS KUNKEL

MGRM

04/27/2005

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