

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 MAR - 1 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000002881**  
  
SUNROCK CITRUS, L.L.C.  
P.O. BOX 1746  
JUPITER FL 33468

1a. Principal Place of Business Address  
  
393 TEQUESTA DRIVE  
TEQUESTA FL 33469

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
11/25/1998

3a. State of Formation  
FL

4. FEI Number  
65-0879266  
 Applied For  
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
MARTYN, CHARLES P III  
393 TEQUESTA DRIVE  
TEQUESTA FL 33469

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City Zip Code  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when new agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SUNRISE CITRUS GROVES,	393 TEQUESTA DRIVE	TEQUESTA FL

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-03/04/99--01080--016  
\*\*\*\*188.75 \*\*\*\*188.75

**AL MAR - 3 1999**

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: CP Martyn, III 2/24/99 561-746-3467  
SIGNATURE AND TYPE OF OFFICE (OWNER OR SHAREHOLDER) MUST BE CLEARLY IDENTIFIED