

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90169 016 ****50.00

DOCUMENT # L98000002881

1. Entity Name
SUNROCK CITRUS, L.L.C.

Principal Place of Business Mailing Address
393 TEQUESTA DRIVE **P.O. BOX 1746**
TEQUESTA FL 33469-3098 **JUPITER FL 33468**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2410 SE Bridge Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hobe Sound, FL

Zip Country Zip Country
33455

4. FEI Number **65-0879266** Applied For
 Not Applicable

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

MARTYN, CHARLES P III
393 TEQUESTA DRIVE
TEQUESTA FL 33469-3098

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNRISE CITRUS GROVES, INC. 393 TEQUESTA DRIVE TEQUESTA FL 33469-3098 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *(Signature)* **REQUIRED III** **CP Martyn** **2/18/02 (500) 746 3467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)