


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90057 041 ****50.00

DOCUMENT # L9800002881			
1. Entity Name SUNROCK CITRUS, L.L.C.			
Principal Place of Business 218 S US HWY ONE STE 300 JUPITER, FL 33469		Mailing Address 2410 SE BRIDGE ROAD HOBE SOUND, FL 33455	
2. Principal Place of Business		3. Mailing Address 218 So US Hwy One	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State		City & State Tequesta, FL	
Zip	Country	Zip	Country
33469	USA	33469	USA
4. FEI Number 65-0879266		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTYN, CHARLES P III 393 TEQUESTA DRIVE TEQUESTA, FL 33469-3098		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 So US Hwy One, Ste 300 City Tequesta FL Zip Code 33469	
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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNRISE CITRUS GROVES, INC. 218 S US HWY ONE STE 300 JUPITER, FL 33469 <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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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
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: <i>Pamela J. King Sec.</i>		Date: 2/25/05	Daytime Phone #: 561-746-4546
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

828-891-2160