

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 MAY -3 PM 12:30

25/4

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000002988**  
  
COLLIER CITRUS MANAGEMENT, L.C.  
3003 TAMIAMI TRAIL NORTH  
NAPLES FL

1a. Principal Place of Business Address  
3003 TAMIAMI TRAIL NORTH  
NAPLES FL

2. Principal Place of Business  
25450 AIRPORT ROAD  
Suite, Apt. #, etc.  
City & State  
Punta Gorda FL  
Zip  
33950  
Country  
USA

3. Date Organized or Qualified  
11/17/1998  
3a. State of Formation  
FL  
4. FEI Number  
65-0061574  
 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  
FLORA, TERRY L ESQ.  
3003 TAMIAMI TRAIL NORTH  
NAPLES FL

8. Name and Address of New Registered Agent/Office  
Name  
STEPHEN W. RYAN  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
25450 AIRPORT ROAD  
City  
PUNTA GORDA FL  
Zip Code  
33950

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 reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOPHER RIDGE GROVE, INC.	3003 TAMIAMI TRAIL NORTH	NAPLES FL
MGRM	GOPHER RIDGE II, INC.	3003 TAMIAMI TRAIL NORTH	NAPLES FL

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\*\*\*\*377.50 \*\*\*\*188.75

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:** \_\_\_\_\_ Date: 4-28-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER