2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002988 1. Entity Name COLLIER CITRUS MANAGEMENT, L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
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Principal Plac	e of Business	Mailing Address			í	00 AUG -7 A	n 10. 02		
25450 AIRPOR		25450 AIRPORT ROAD				\sim	1	•	
PUNTA GORD	A FL 33500	PUNTA GORDA FL 33950			£ 1881		. A.,	MI (MIA) (MI) (MA)	
2. Principal Place of Business 4210 Metro PKWU 3. Mailing Address 4210 Metro PKWU			wy Side	250	1 (188)	1811 BIO 18101 18111 88117 8811	E BRITT OCHT SOUS SIGNO TOR	0. 10.00 1011 100 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE					
City & State City & State				4. FEI Number Applied For					
Fort 1	Fort Myers It Fort Myers, FL					65-0881574		lot Applicable	
3391	U-9409 Country USA	33916-9409	Country	5	5. Certificate	e of Status Desired	□ \$5.00 Ac		
	6. Name and Address of Current F	Registered Agent	Name	7	7Name and	d Address of New Re	gistered Agent ====		
DVAN CTEDUEN W						20 Paul Number in Not Assertable			
3003 TAMIAMI TRAIL NORTH				et Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 33942				4210 Metro Parkway Suite 250					
		<u> </u>	City	01+10	<u>Muer</u>	<u> </u>	FL 338	1910	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
Signature, typed or printed name or registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00									
		Make Check Paya			State		•	İ	
	AAANA ONIO MEMBE	DO MANAGERO				ADDITIONS/0	CHANCES		
9. TITLE	MANAGING MEMBER	Delete	TITLE	11212	. Notr			Addition	
NAME	CONSOLIDATED CITRUS MANAGEMENT, L.L.C.			2010	Hetr		7		
STREET ADDRESS CITY-ST-ZIP	8050 SOUTH U.S. HIGHWAY 27 SOUTH BAY FL 33494		STREET ADDRESS CITY-ST-ZIP	FORT	Muel		3914		
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11. I hereby certify that the information supplied with this fitting 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 truetee empewered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND VIETO OF PRINTED MANE OF SIGNATURE OF SIGNATU									