

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003619

FILED
Apr 26, 2009
Secretary of State

Entity Name: FLORIDA CITRUS HOLDINGS LLC

Current Principal Place of Business:

3003 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3245 PEACHTREE PKWY., #D-302
SUWANEE, GA 30024

New Mailing Address:

FEI Number: 20-0790204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, JOHN D
3003 TAMIAMI TRAIL N.
SUITE 400
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MAHAN, RONALD M
3003 TAMIAMI TRAIL N.
SUITE 400
NAPLES, FL 34103 US

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: RONALD M. MAHAN

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RCP CITRUS LLC
Address: 650 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: RCMF CITRUS LLC
Address: 650 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: COLLIER INVESTMENTS LLC
Address: 3003 TAMIAMI TRAIL N. #400
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN D. O'CONNOR

VP

04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date