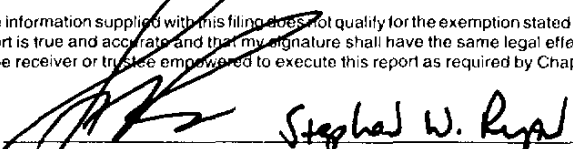


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001528 RUNNING W CITRUS MANAGEMENT, L.L.C. K115 X LOUISIANA X SUITE X 2300 HOUSTON X TX X 77002		1a. Principal Place of Business Address K115 X LOUISIANA X SUITE X 2300 HOUSTON X TX X 77002	
2. Principal Place of Business 8050 SOUTH US. 27 Suite, Apt. #, etc. City & State SOUTH BAY, FLORIDA Zip 33493	2a. Mailing Address P.O. BOX 1210 Suite, Apt. #, etc. City & State BELLE GLADE, FLORIDA Zip 33430	3. Date Organized or Qualified 12/17/1998	3a. State of Formation DE
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		4. FEI Number ☐ Applied For ☒ Not Applicable	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
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 a new agent is appointed)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GARDNER, WILLIAM X	K115 X LOUISIANA X SUITE X 2300	HOUSTON X TX
MGR	RYAN, STEVE	8050 SOUTH U.S.27	SOUTH BAY, FL 33493
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: 		2/24/99 941-635-2410	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			

FILED
99 MAR 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3-19-99