

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90002 041 *****50.00

DOCUMENT # M98000001528

1. Entity Name

RUNNING W CITRUS MANAGEMENT, L.L.C.



Principal Place of Business

**4210 METRO PARKWAY, SUITE 250
FORT MYERS FL 33916-9409**

Mailing Address

**4210 METRO PKWY
STE 250
FORT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, STEPHEN W
4210 METRO PKWY
STE 250
FORT MYERS FL 33916**

Name

Richard Choma

Street Address (P.O. Box Number is Not Acceptable)

4210 Metro Parkway Suite 250

City

Ft. Myers

FL

Zip Code

33916

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

Richard Choma

**RICHARD CHOMA
VP/CAO**

3/27/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **RYAN, STEPHEN W**
STREET ADDRESS **4210 METRO PARKWAY, SUITE 250**
CITY-ST-ZIP **FORT MYERS FL 33916-9409**

TITLE **MGR** ☐ Change ☒ Addition
NAME **CONSOLIDATE CITRUS MANAGEMENT LLC**
STREET ADDRESS **4210 Metro Parkway, Suite 250**
CITY-ST-ZIP **FORT MYERS, FL 33916-9409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

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: **Richard Choma**
SIGNATURE REQUIRED

3/27/03

**(239)
275-4060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)