File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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

Name and Mailing Address of Limited Liability Company

2. Principal Place of Business

KUNKEL, KLAUS

1473 HIGHWAY 64 WEST

WAUCHULA FL 33873

Suite, Apt. #, etc.

Oity & State

Zip

DOCUMENT # Z00464

2a. Mailing Address

Suite, Apt. #, etc.

City & State

GERMAN FLORIDA CITRUS, L.C. 1682 HWY 64 WEST WAUCHULA FL 33873

7. Name and Address of Current Registered Agent

Country

FILED MY/20

98 APR 17 AM 11: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA 1a. Principal Place of Business Address 1682 HWY 64 WEST WAUCHULA FL 33873 3. Date Organized or Qualified 3a. State of Formation 10/17/1991 FL 4. FEI Number Applied For 65-0294502 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 02/20/1997 8. Name and Address of New Registered Agent/Office Street Address (P.O. Box Number is Not Acceptable) Zip Code

. 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.

City

Country

SIGNATURE

10. Title Managing Members/Managers Business Street Address City, State and Zip Code KUNKEL, KLAUS M 1682 HWY 64 WEST WAUCHULA FL М FANTA, GUNTER DORF STR. 60 GERMANY, ROHRBACH M HOFMANN, DIETER RECHTENBACHER STR 40 GERMANY, LOHR 100002497791--9 ****188.75 ****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: