

## 0014947 AT

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

**RECEIVED**

SECRETARY OF STATE  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520-1224

Mailing Address  
4210 METRO PKWY.. STE. 250  
FT MYERS FL 33916

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**7. Name and Address of New Registered Agent**

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 Anil Chona VP / CAO 3/27/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	\$10,000,000.00
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**10. Amount of Capital Contributions**  
in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	01000000300
NAME	COLLIER CITRUS MANAGEMENT, L.L.C.
STREET ADDRESS	4210 METRIC PARKWAY, SUITE 250
CITY-ST-ZIP	FT. MYERS FL 33916

STREET ADDRESS 4210 Metro Parkway Suite 250

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS	M THOMAS
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED P/CAO 3/27/03 275-4060

CR2E003 (10/02)