2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001733

1. Entity Name
TRIGEN CITRUS, LLC

Principal Place of Business	Mailing Address
1025 COUNTY RD. 17N LAKE PLACID, FL 33852	1025 COUNTY RD. 17N LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

01172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0983608

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMOAK, JOHN F III
1025 COUNTY RD. 17N
LAKE PLACID, FL 33852

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AGRI-DEL, INC.
STREET ADDRESS	1025 COUNTY RD. 17N
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	MGR
NAME	SMOAK, JOHN F III
STREET ADDRESS	1025 COUNTY RD. 17N
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	MGR
NAME	SMOAK, PHILIP L
STREET ADDRESS	1025 COUNTY RD. 17N
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	MGR
NAME	SMOAK, SAMANTHA L
STREET ADDRESS	6995 ST. 66
CITY-ST-ZIP	ZOLFO SPRINGS, FL
TITLE	MGR
NAME	SMOAK, EDWARD L JR.
STREET ADDRESS	1025 COUNTY RD. 17N
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	MGR
NAME	SMOAK, MASON G
STREET ADDRESS	1025 COUNTY RD. 17N
CITY-ST-ZIP	LAKE PLACID 17N, FL

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04/05/04-80077-019 50.00

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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: Mason G. Smoak 3/31/04 863-465-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #