

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006431</b>					
<b>1. Entity Name</b> CITIZENS RESERVE, LLC					
<b>Principal Place of Business</b> 3606 ENTERPRISE AVENUE NAPLES, FL 34104-3698			<b>Mailing Address</b> PO BOX 8537 NAPLES, FL 34101		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Zip	
<b>6. Name and Address of Current Registered Agent</b>  PASSIDOMO, JOHN M ESQ. CHEFFY PASSIDOMO WILSON & JOHNSON 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
PASSIDOMO, JOHN M ESQ. CHEFFY PASSIDOMO WILSON & JOHNSON 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARBER, DONALD R 3606 ENTERPRISE AVENUE NAPLES, FL 341043698	<input type="checkbox"/> Delete			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: Feb 27, 2007					
Daytime Phone #: 239-435-9797					