

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000007897

1. Entity Name
CENTRE POINTE AT CITRUS, L.C.



Principal Place of Business
**3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609**

Mailing Address
**3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3669036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
AR-JOY OF TAMPA, INC.
3641 WEST KENNEDY BLVD SUITE A
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
FOURSOME PROPERTIES, INC.
3641 WEST KENNEDY BLVD SUITE A
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PALS PROPERTIES, LP
ONE OXFORD CENTER, 34TH FLOOR
PITTSBURGH, PA 15219**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000516124
04/29/06-80237-017 50.00

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IN THIS SPACE**

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.

SIGNATURE:

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

CLIFF LEVY

4/12/06

Date

(813) 353-2220

Daytime Phone #