

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001690

1. Entity Name
SOUTHERN CITRUS PRODUCTION, L.C.



Principal Place of Business
**P.O. DRAWER 511447
C/O JACK O. HACKETT II, ESQ.
PUNTA GORDA, FL 33951-1447**

Mailing Address
**P.O. DRAWER 511447
C/O JACK O. HACKETT II, ESQ.
PUNTA GORDA, FL 33951-1447**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3701559

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK II ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950**

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000086181
03/12/04-80013-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WINSLOW, GEORGE A
2825 TAMiami TRAIL BLDG C
PUNTA GORDA, FL 33951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INGRAM, BRUCE B JR
7400 STATE ROAD 544
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

2/25/04

Date

Daytime Phone #