

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007332

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: CFR/CITADEL, L.L.C.

**Current Principal Place of Business:**

3236 COUNTRYSIDE VIEW DRIVE  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3236 COUNTRYSIDE VIEW DRIVE  
ST. CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 59-3718819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REHBINE, GARY C  
3236 COUNTRYSIDE VIEW DRIVE  
ST. CLOUD, FL 34772

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: REHBINE, MARY M  
Address: 1232 DELAWARE ST  
City-St-Zip: KISSIMMEE, FL 34744

Title: V ( ) Delete  
Name: REHBINE, GARY C  
Address: 3236 COUNTRYSIDE VIEW DR  
City-St-Zip: SAINT CLOUD, FL 34772

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REHBINE, MARY M  
Address: 1232 DELAWARE ST  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change ( ) Addition  
Name: REHBINE, GARY C  
Address: 3236 COUNTRYSIDE VIEW DR  
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY C. REHBINE

MGRM

03/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date