

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007332

FILED
Mar 20, 2008
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 ()

Name and Address of Current Registered Agent:

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

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

03/20/2008

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