

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 022 \*\*\*\*55.00

0061797

**DOCUMENT # L01000009701**

1. Entity Name

**FLORIDA CITRUS HUNTERS, LLC**



Principal Place of Business

**4210 METRO PARKWAY  
SUITE 250  
FT. MYERS FL 33916**

Mailing Address

**4210 METRO PARKWAY  
SUITE 250  
FT. MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

**3003 TAMiami TRl North**

**3003 TAMiami TRl North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 400**

**Suite 400**

City & State

City & State

**Naples, FL**

**Naples, FL**

Zip

Country

**USA**

Zip

**34103**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113224**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, STEPHEN W  
4210 METRO PARKWAY  
SUITE 250  
FT. MYERS FL 33916**

Name

**Ryan, Stephen W**

Street Address (P.O. Box Number is Not Acceptable)

**3003 TAMiami TRl North**

**Suite 400**

City

**Naples, FL**

Zip Code

**34103**

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

*Stephen W. Ryan*

**4/28/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RYAN, STEPHEN W 4210 METRO PARKWAY#250 FORT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Stephen W. Ryan*

**4/28/03**

**239-633-1982**

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

Date

Daytime Phone #

CR2E083 (10/02)