

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0069349

**DOCUMENT # L01000016223**

1. Entity Name

**CITRUS VALLEY, LLC**



Principal Place of Business

**10850 WILSHIRE BLVD.  
SUITE 600  
LOS ANGELES CA 90024**

Mailing Address

**10850 WILSHIRE BLVD.  
SUITE 600  
LOS ANGELES CA 90024**

2. Principal Place of Business

**10866 WILSHIRE BLVD**

3. Mailing Address

**10866 WILSHIRE BLVD**

Suite, Apt. #, etc.

**11<sup>th</sup> FL.**

Suite, Apt. #, etc.

**11<sup>th</sup> FL.**

City & State

**LOS ANGELES CA**

City & State

**LOS ANGELES CA**

Zip

**90024**

Country

**USA**

Zip

**90024**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**58-2654881**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOROVITZ, AARON J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
GOREN, BRUCE G  
10850 WILSHIRE BLVD., #600  
LAS ANGELES CA 90024**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**10866 WILSHIRE BLVD 11<sup>th</sup> FL.  
LOS ANGELES CA 90024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**BRUCE G. GOREN**  
**SIGNATURE REMANAGER**

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

Date

Daytime Phone #

**4/21/03 310 441-8411**

CR2E083 (10/02)