


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020181 1. Entity Name DMD CITRUS, LLC	
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01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3757171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUNSON, LESLIE W III
400 EAGLE LAKE LOOP ROAD, EAST
WINTER HAVEN, FL 33884

**DO NOT WRITE
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 reinstalling)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUNSON, LESLIE W JR.
STREET ADDRESS	400 EAGLE LAKE LOOP ROAD, EAST
CITY - ST - ZIP	WINTER HAVEN, FL 33884

TITLE	MGRM
NAME	MASSEY, MICHAEL L
STREET ADDRESS	208 PAINE DR.
CITY - ST - ZIP	WINTER HAVEN, FL 33884

TITLE	MGRM
NAME	DUNSON, LESLIE W III
STREET ADDRESS	400 EAGLE LAKE LOOP ROAD, EAST
CITY - ST - ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/19/04-80105-022 50.00

**DO NOT WRITE
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

Date

Daytime Phone #

LESLIE W. DUNSON III 4/14/04 8633939888