
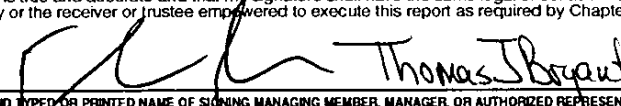


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90001 039 \*\*\*\*50.00

<b>DOCUMENT # L01000022822</b> 1. Entity Name <b>B&amp;V CITRUS, LLC</b>			
Principal Place of Business <b>2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765</b>		Mailing Address <b>2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765</b>	
2. Principal Place of Business <b>4250 S Florida Ave</b>		3. Mailing Address <b>P O Box 508</b>	
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc. 	
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>	
Zip <b>33813</b>		Zip <b>33808-0508</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>02-0551276</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VOGELBACHER, PIERRE M 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRYANT, THOMAS J P.O. BOX 508 LAKELAND, FL 338020508</b> <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	<b>MGRM VOGELBACHER, PIERRE M 2560 GULF TO BAY BLVD., SUITE 300 CLEARWATER, FL 33765</b> <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"/> 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"/> 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"/> Delete	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.			
<b>SIGNATURE:</b> 		Date <b>6-28-2005</b> Daytime Phone # <b>863-648-2300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			