

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000008694

1. Entity Name

TROYER BROTHERS CITRUS, LLC



Principal Place of Business

22335 PALM BEACH BLVD
ALVA, FL 33920

Mailing Address

22335 PALM BEACH BLVD.
ALVA, FL 33920



03202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0590722

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE, SUITE #201
NAPLES, FL 34103

**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 re-filing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRT
NAME	TROYER, VERON J
STREET ADDRESS	22335 PALM BEACH BLVD.
CITY- ST- ZIP	ALVA, FL 33920
TITLE	MGRS
NAME	TROYER, DAVID
STREET ADDRESS	22251 PALM BEACH BLVD.
CITY- ST- ZIP	ALVA, FL 33920
TITLE	AS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DRIVE, SUITE 201
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000509327
04/28/06-80039-019 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David G. Budd

4/10/06 (239) 263-7700

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

Date

Daytime Phone if

DAVID G. BUDD, ASSISTANT SECRETARY