

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

061846

DOCUMENT # L02000008694

1. Entity Name
TROYER BROTHERS CITRUS, LLC



05-27-2003 90057 012 ****50.00

Principal Place of Business C/O VERNON J. TROYER 22335 PALM BEACH BOULEVARD ALVA FL 33920	Mailing Address C/O VERNON J. TROYER 22335 PALM BEACH BOULEVARD ALVA FL 33920
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10106032



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business TROYER BROS CITRUS, LLC	3. Mailing Address 22335 Palm Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ALVA FLA	City & State ALVA FLA	4. FEI Number 02-0590722	Applied For <input type="checkbox"/> Not Applicable
Zip 33920	Country USA	Zip 33920	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 _____ (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 OPERATING MANAGER	<input type="checkbox"/> Delete
NAME VERNON J. TROYER	
STREET ADDRESS 22335 PALM BEACH BLVD	
CITY-ST-ZIP ALVA FLA 33920	
TITLE ASSISTANT OPERATING MANAGER	<input type="checkbox"/> Delete
NAME DAVID TROYER	
STREET ADDRESS 22335 PALM BEACH BLVD	
CITY-ST-ZIP ALVA FLA 33920	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

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: *Vernon J. Troyer* **VERNON J. TROYER** 5-22-03 939 991-309-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)