

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027970

FILED
Apr 21, 2008
Secretary of State

Entity Name: BARTOW CITRUS PRODUCTS, LLC

Current Principal Place of Business:

2020 HWY 17
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

582 BEACHLAND BLVD STE 300
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 13-4235287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MICHAEL D ESQ
1680 SW ST. LUCIE WEST BLVD.
SUITE 204
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAM, BECKER R
Address: 141 ANCHOR DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: PLYMALE, BARTON M
Address: 1503 NORTH ARCADIA AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: TAYLOR, ANDREW
Address: 335 OCEAN WAY
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: MCGUIRE, SUSAN
Address: 1107 NORTH ARCADIA AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: BECKER, MARY ANN
Address: 141 ANCHOR DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: MURRAY, L
Address: 5505 FT. PIERCE BLVD
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW TAYLOR

MGRM

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date