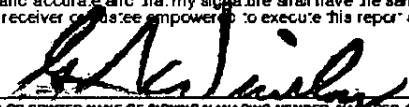


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90172 015 *****50.00

DOCUMENT # L02000034192 1. Entry Name GULF CITRUS MARKETING, L.L.C.					
Principal Place of Business <u>1205 Elizabeth St</u> 2025 TAMMI TRAIL BLDG C <u>Ste. J.</u> PUNTA GORDA, FL 33951-2116				Mailing Address PO BOX 512116 PUNTA GORDA, FL 33951-1447	
2. Principal Place of Business <u>1205 Elizabeth St</u> Suite, Apt. #, etc. <u>Suite J</u> City & State <u>Punta Gorda FL</u> Zip <u>33950</u> Country		3. Mailing Address <u>P.O. Box 512116</u> Suite, Apt. #, etc. City & State <u>Punta Gorda FL</u> Zip <u>33951-2116</u> Country <u>USA</u>			
4. FEI Number <u>55-0823022</u>				Applied For ☒ No: Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01152008 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent WINSLOW, GEORGE A 1205 ELIZABETH STREET SUITE J PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entry 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 changing)					
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WINSLOW, GEORGE A ☐ Deceased <u>2025 TAMMI TR. BLDG C 1205 Elizabeth St.</u> <u>PUNTA GORDA, FL 33950</u> <u>Ste. J.</u>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>1/25/06</u> Copy to File	