2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90357 022 ****50.00

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1. Entity Name
GULF CITRUS MARKETING, L.L.C.

Principal Place of Business	Mailing Address
1205 E ELIZABETH ST STE J PUNTA GORDA, FL 33950	PO BOX 512116 PUNTA GORDA, FL 33951-1447

04162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5377 Duncan Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State
Zip: 33982 Country: Charlotte	Zip Country

4. FEI Number: 55-0823022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINSLOW, GEORGE A 2825 TAMIAMI TRAIL PUNTA GORDA, FL 33950	Name: Winslow, George A. Street Address (P.O. Box Number is Not Acceptable): 5377 Duncan Rd City: Punta Gorda FL Zip Code: 33982

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] DATE: 4-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINSLOW, GEORGE A 1205 S ELIZABETH ST STE J PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5377 Duncan Rd Punta Gorda, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-18-07 941-575-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #