## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 25, 2006 08:00 AM Secretary of State DOCUMENT # L03000042423 CITRA PROPERTIES, LLC Principal Place of Business Malling Address PO BOX 357845 4127 NW 27TH LN GAINESVILLE, FL 32635 STE A GAINESVILLE, FL 32606 01032006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN STE A GAINESVILLE, FL 32606 IN THIS SPACE 3. 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 reinstating) CATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGR TITLE NAME LEE, DENNIS G 4127 NW 27TH LN STE A STREET ADDRESS U00000401582 CITY-ST-ZIP GAINESVILLE, FL 32606 02/02/06-00051-006 so.ml TITLE NAME STREET ADDRESS CUY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS COY-ST-ZIP NAME STRILLE ADDRESS 11. I hereby certify that the information supplied with this filling does not quality 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 508, Florida Statutes.

STORE: DO NO. I STORED AND TYPED OR PRINTED HAME OF STORING HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

1-17-06