FILED
Jan 23, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050368

1. Entity Name
R&T CITRUS COMPANY, L.L.C.

Principal Place of Business	Mailing Address
1858 OLYMPIA AVENUE, N.W. SALEM, OR 97304	1858 OLYMPIA AVENUE, N.W. SALEM, OR 97304

DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3773348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
124 NORTH BREVARD AVE.
ARCADIA, FL 34266

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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 _____ DATE
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WITT, TERRY L
STREET ADDRESS	1858 OLYMPIA AVENUE, N.W.
CITY-ST-ZIP	SALEM, OR 97304
TITLE	MGR
NAME	WITT, RONALD C
STREET ADDRESS	42-A CARTER ROAD
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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01/31/06-80029-021 55.00

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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: TERRY L WITT 1/17/2006 503-569-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #