

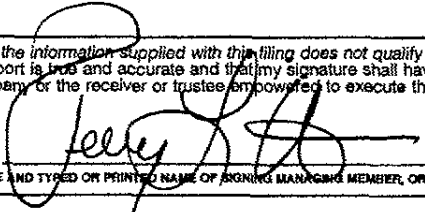


FILED
Jan 11, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050368		
1. Entity Name R&T CITRUS COMPANY, L.L.C.		
Principal Place of Business 1858 OLYMPIA AVENUE, N.W. SALEM, OR 97304		Mailing Address 1858 OLYMPIA AVENUE, N.W. SALEM, OR 97304
DO NOT WRITE IN THIS SPACE		
		 01082007No Chg-LLC CR2E083 (11/05)
4. FEI Number 59-3773348		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
WALDRON, EUGENE E JR. 124 NORTH BREVARD AVE. ARCADIA, FL 34266		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WITT, TERRY L 1858 OLYMPIA AVENUE, N.W. SALEM, OR 97304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WITT, RONALD C 42-A CARTER ROAD PRINCETON, NJ 08540	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		Date 01/05/07 Daytime Phone # 503-569-3300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>