

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L04000020472

1. Entity Name
CITRUS III, LLC



Principal Place of Business
**625 COURT STREET, STE. 200
CLEARWATER, FL 33756**

Mailing Address
**625 COURT STREET, STE. 200
CLEARWATER, FL 33756**



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2458322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NASH, THOMAS C II
3005 STATE ROAD
SUITE 200
CLEARWATER, FL 33759**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	NASH III, THOMAS C
STREET ADDRESS	6 SUNSET BAY DR
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	P
NAME	DEERY, JOHN G JR
STREET ADDRESS	6823 UNIVERSITY AVE
CITY-ST-ZIP	CEDAR FALLS, IA 50613
TITLE	MGRP
NAME	HARRIS, MARSHALL S
STREET ADDRESS	3005 STATE ROAD 590 SUITE 200
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000759684
05/24/07-80051-020 50.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #