2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041978

CALARCO, ALEXIS

City-St-Zip: AURORA, OH 44202 US

674-9 FAIRINGTON LANE

Name:

Address:

Entity Name: CITRUS LAKE PARTNERS, LLC

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
10633 GUI #7-S	LF SHORE DF	RIVE				
NAPLES, I	FL 34108 L	JS				
Current Mailing Address:			New Mailin	New Mailing Address:		
	GEWOOD DR D, OH 44094	VE US				
FEI Number	: 20-1205681	FEI Number Applied For()	FEI Number Not Appli	cable () Certific	cate of Status Desired ()	
Name and	l Address of C	Current Registered Agent	: Name and	Address of New Re	gistered Agent:	
2866 E. O/	RIDA AGENT (AKLAND PARI ERDALE, FL :					
	e named entity : e of Florida.	submits this statement for t	the purpose of changing its	s registered office or	registered agent, or both	
SIGNATU	RE:					
Electronic Signature of Registered Age			Agent	ent Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/C	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM (ALLEN, JAMES 7355 LEDGEW KIRTLAND, OH	OOD DRIVE	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	MGRM (ALLEN, KATHR 7355 LEDGEW KIRTLAND, OH	OOD DRIVE	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	MGRM (MAHONEY, PA 380 HORSECR NAPLES, FL 3	EEK DR #304	Title: Name: Address: City-St-Zip:	MGRM (X) Change MAHONEY, PATRICK V 113 CARLYLE DR PALM HARBOR, FL 34		
Title:	MGRM () Delete	Title:	() Change	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK MAHONEY MGR 02/05/2009