## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 13, 2007 8:00 am Secretary of State

DOCUMENT # L04000 1. Entity Name CITRUS PREFORMING ARTS		LC	02-13-2007 90055 011 ****50.00	)
Principal Place of Business 1889 FOREST DRIVE INVERNESS, FL 34453	Mailing Address 1889 FOREST DRIVE INVERNESS, FL 3445	3	-	
Principal Place of Business - No P.O. Box	x # 3. Mailing Address	<del></del>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01302007 Chg-LLC CR2E083 (12/06)	•
City & State	City & State		4. FEI Number Applied Fo	
Zip Country	Zip	Country	20-1463294 Not Applie  5. Certificate of Status Desired \$5.00 Additional	cable
6. Name and Address of	Current Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
or Name and Nadous ST	and it is great or an angelis	Name	1. Name and Address of New Adjusting Agent	
BALSER, BARBARA JOAN 1889 FOREST DRIVE		Street Addres	ss (P.O. Box Number is Not Acceptable)	
INVERNESS, FL 34453				
1 50		City	FL Zip Code	
The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE Signature, typed or printed name of registi	ered agent and little if applicable. (NOT	E Registered Agent signature requ	ured when reinstating) DATE	-
• •				
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State	
9. MANAGING	MEMBERS/MANAGERS	10.		
9. MANAGING	MEMBERS / MANAGERS ☐ Delete	TITLE	Florida Department of State  ADDITIONS/CHANGES	ddition
9. MANAGING  IIILE MGR NAME BALSER, BARBARA, J	<u>-</u>	TITLE NAME	Florida Department of State  ADDITIONS/CHANGES	ddition
9. MANAGING	<u>-</u>	TITLE	Florida Department of State  ADDITIONS/CHANGES	ddition
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The reduct extract that the information supplied with this tiling 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 608, Florida Statutes.

SIGNATURE: Barbara Balser Dubaia Balser 2/02/07 (352)726-5757

Bignature and Typed or Printed name of Signing Managing Member, Manager, Or Authorized Representative Date Date Daytone Proces