


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 040 ****50.00

DOCUMENT # L04000085409					
1. Entity Name PHARLO CITRUS PROPERTIES MANAGEMENT, LLC					
Principal Place of Business 96 WILLARD STREET SUITE 302 COCOA, FL 32922			Mailing Address 96 WILLARD STREET SUITE 302 COCOA, FL 32922		
2. Principal Place of Business <i>96 WILLARD ST</i> Suite, Apt. #, etc. <i>Suite 101</i>			3. Mailing Address <i>96 WILLARD ST</i> Suite, Apt. #, etc. <i>Suite 101</i>		
City & State <i>Cocoa, FL</i>		City & State <i>Cocoa, FL</i>		4. FEI Number <i>20-1920760</i>	
Zip <i>32922</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>96 willard street, Suite 101</i> City <i>Cocoa</i> FL Zip Code <i>32922</i>	
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 <i>David L. Dickinson</i> <i>4/28/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINS, BARRY 1203 EGRET AVENUE FT. PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREASEY, DAVID 1505 FAIRWAY CIRCLE, APARTMENT 306A VERO BEACH, FL 32965	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>David L. Dickinson</i> <i>4/28/05</i> <i>321 639 0771</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

40056382



02072005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5.00 Additional Fee Required

FL Zip Code 32922

DATE

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #