

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006029

FILED
Feb 07, 2006
Secretary of State

Entity Name: CITRUS AVENUE LLC

Current Principal Place of Business:

111 ORANGE AVENUE, STE. 300
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

111 ORANGE AVENUE, STE. 300
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-2215751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ELAM, JAMES H
111 ORANGE AVENUE
SUITE 300
FORT PIERCE, FL 34950 US

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.

SIGNATURE: JAMES H. ELAM

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGER, GARY
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: ELAM, JAMES
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: TOOMBS, NORMAN
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: FRANK, BRITT
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM (X) Delete
Name: STIKELEATHER, RITA
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: GAINES, J.W.
Address: 111 ORANGE AVENUE, STE. 300
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES H. ELAM

MGRM

02/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date