

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006029

FILED
Feb 11, 2009
Secretary of State

Entity Name: CITRUS AVENUE LLC

Current Principal Place of Business:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

600 CITRUS AVE.
SUITE 200
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:

ELAM, JAMES H
600 CITRUS AVE STE 200
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGER, GARY
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: ELAM, JAMES
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: TOOMBS, NORMAN
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: FRANK, BRITT
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: GAINES, J.W.
Address: 600 CITRUS AVE. SUITE 200
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
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 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: NORMAN TOOMBS

MGRM

02/11/2009

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