

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-27-2006 90053 007 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000007684					
1. Entity Name PREMIER CITRUS MANAGEMENT, L.L.C.					
Principal Place of Business 1970 122ND STREET VERO BEACH FL 32966			Mailing Address 1970 122ND STREET VERO BEACH FL 32966		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-226-5743	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BYNUM, J. KEVIN 1970 122ND STREET AVENUE VERO BEACH FL 32966				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete	10. ADDITIONS / CHANGES		
NAME	BYNUM, J. KEVIN		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1970 122ND STREET		NAME	1970 122ND AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32966		STREET ADDRESS	1970 122ND AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32966		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, GAYLON M		NAME	1970 122ND AVENUE	
STREET ADDRESS	1970 122ND STREET		STREET ADDRESS	1970 122ND AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32966		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>J. Kevin Bynum</u> 3-17-06 772-560-5030					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					