


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90134 021 \*\*\*\*50.00

<b>DOCUMENT # L05000018355</b>	
1. Entity Name CALDWELL CITRUS GROVES, LLC	

Principal Place of Business 206 MIKE STREET LEESBURG, FL 34748	Mailing Address P.O. BOX 490197 LEESBURG, FL 34749-0197
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>None</i>		Suite, Apt. #, etc. <i>None</i>	
City & State		City & State	
Zip	Country	Zip	Country

20008130



01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2037246		Applied For <input checked="" 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 CALDWELL, CORNELIUS 206 MIKE STREET LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name <i>Cornelius N. Caldwell</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 Mike St</i> City <i>Leesburg</i> FL Zip Code <i>34748</i>	
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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>[Signature]</i> DATE <i>1/31/06</i>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, CORNELIUS 206 MIKE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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: <i>[Signature]</i> DATE <i>1-31-06</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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