

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90340 004 ****50.00



DOCUMENT # L05000025773

1. Entity Name
CITIZEN CENTER II, LLC

Principal Place of Business
965 SOUTH BAYSHORE BLVD.
SAFETY HARBOR, FL 34695

Mailing Address
965 SOUTH BAYSHORE BLVD.
SAFETY HARBOR, FL 34695

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DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2776271	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLITIS, PETER
965 SOUTH BAYSHORE BLVD.
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLITIS, GREGORY 965 S BAYSHORE BLVD SAFETY HARBOR, FL 34695
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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: **GREGORY POLITIS**
MANAGING MEMBER 4/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #