

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043159

**FILED**  
**Mar 08, 2006**  
**Secretary of State**

**Entity Name:** 80 FT RD, LLC

**Current Principal Place of Business:**

1000 E. HIGHWAY 50  
SUITE B - 2ND FLOOR  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120389  
CLERMONT, FL 34712 US

**New Mailing Address:**

P.O. BOX 120187  
CLERMONT, FL 34712 US

**FEI Number:** 20-2878656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DBM INTERNATIONAL, INC.  
1000 E. HIGHWAY 50  
SUITE B - 2ND FLOOR  
CLERMONT, FL 34711 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: DBM INTERNATIONAL, I, NC.  
Address: 1000 E. HIGHWAY 50, SUITE B - 2ND FLOOR  
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete  
Name: ORGANIC CITRUST, LLC,  
Address: 800 S. DILLARD STREET  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

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: ALEXANDER HOWELL

MGR

03/08/2006

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