FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90290 017 ****55.00

20019034

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048368

1. Entity Name
CITRUS COUNTYWIDE REALTY, LLC

Principal Place of Business	Mailing Address
C/O JEFFREY P. SHAPIRO ONE S.E. 3RD AVENUE, SUITE 1450 MIAMI, FL 33131	C/O JEFFREY P. SHAPIRO ONE S.E. 3RD AVENUE, SUITE 1450 MIAMI, FL 33131

03102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1122 N Suncoast Blvd		Suite, Apt. #, etc. 1122 N Suncoast Blvd	
City & State Crystal River, FL		City & State Crystal River, Fl	
Zip 34429	Country CITRUS	Zip 34429	Country CITRUS

4. FEI Number 30-0324969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPIRO, JEFFREY P SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, SUITE 1450 MIAMI, FL 33131	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 ____________________
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CUBAS, JOE V 13830 S.W. 28TH STREET MIAMI, FL 33175 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEMPER, FRANCES 1122 SOUTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34429 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEMPER, FRANCES 1122 N Suncoast Blvd CRYSTAL RIVER, FL 34429 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Frances Kemper FRANCES Kemper 3-10-06 352-794-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #