

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000052509

1. Entity Name
C&E LAND HOLDINGS/CITRUS, LLC



Principal Place of Business
11300 U.S. HIGHWAY 301 NORTH
PARRISH, FL 34219

Mailing Address
11300 U.S. HIGHWAY 301 NORTH
PARRISH, FL 34219

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2931057

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

RUSSELL, JEFFREY S
240 SOUTH PINEAPPLE AVE., 9TH FLOOR
SARASOTA, FL 34236

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRD ☐ Delete
NAME MIHEVIC, EDWARD L JR.
STREET ADDRESS 11800 US HWY 301 N.
CITY-ST-ZIP PARRISH, FL 34219

TITLE MGR ☒ Change ☐ Addition
NAME
STREET ADDRESS 500135637675
CITY-ST-ZIP 09/10/08--01008--007 **\$66.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Edward L. Mihevic, Jr.* Edward L. Mihevic, Jr., Manager

Date

Daytime Phone #

7/15/08

FILED
08 SEP -2 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



209/4