


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90042 003 \*\*\*\*50.00

<b>DOCUMENT # L05000109728</b>		
1. Entity Name CITATION ESTATES, LLC		

Principal Place of Business 12412 SAN JOSE BOULEVARD 104 JACKSONVILLE, FL 32223 US	Mailing Address 12412 SAN JOSE BOULEVARD 104 JACKSONVILLE, FL 32223 US
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2. Principal Place of Business <i>18058 SAN JOSE Blvd.</i>	3. Mailing Address <i>18058 SAN JOSE Blvd.</i>
Suite, Apt. #, etc. <i>Suite 804</i>	Suite, Apt. #, etc. <i>Suite 804</i>
City & State <i>JACKSONVILLE FL</i>	City & State <i>JACKSONVILLE FL</i>
Zip <i>32223</i>	Country



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>56-2562204</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  TALBERT, WILLIAM D II 1930 SAN MARCO BOULEVARD 202 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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 BRANIFF, MICHAEL L 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANIFF, MICHAEL L 18058 SAN JOSE Blvd. Suite 804 JACKSONVILLE, FL 32223 <input checked="" 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	MGR RODRIGUEZ, ROBERT W II 18058 SAN JOSE Blvd. Suite 804 JACKSONVILLE, FL 32223 <input type="checkbox"/> Change <input checked="" 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
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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #