


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000109728</b> 1. Entity Name CITATION ESTATES, LLC	
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Principal Place of Business 12058 SAN JOSE BOULEVARD SUITE 804 JACKSONVILLE, FL 32223 US	Mailing Address 12058 SAN JOSE BOULEVARD SUITE 804 JACKSONVILLE, FL 32223 US
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02212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2562204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TALBERT, WILLIAM D II 1930 SAN MARCO BOULEVARD 202 JACKSONVILLE, FL 32207
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANIFF, MICHAEL L 12058 SAN JOSE BOULEVARD SUITE 804 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHMOND, ROBERT W II 12058 SAN JOSE BOULEVARD SUITE 804 JACKSONVILLE, FL 32223
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<p>U00000694295 04/17/07-80013-008 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  4/2/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #