


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90017 006 \*\*\*\*50.00

DOCUMENT # L05000111387					
<b>1. Entity Name</b> CITRUS GARDENS, LLC					
<b>Principal Place of Business</b> 1506 ELFSTONE COURT CASSELBERRY, FL 32707			<b>Mailing Address</b> 1506 ELFSTONE COURT CASSELBERRY, FL 32707		
<b>2. Principal Place of Business</b> 1403 ILS Hwy 275		<b>3. Mailing Address</b> PO Box 135365			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Clermont, FL		<b>City &amp; State</b> Clermont FL		<b>4. FEI Number</b> 20-3829164	
<b>Zip</b> 34714		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POHL & SHORT, P.A. 280 W. CANTON AVENUE, SUITE 410 WINTER PARK, FL 32789		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> WEIKER, DAVID N SR. <b>STREET ADDRESS</b> 1506 ELFSTONE COURT <b>CITY-ST-ZIP</b> CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>David Weiker II</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

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04272006 Chg-LLC CR2E083 (11/05)

Applied For  
Not Applicable