

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003590

FILED
May 01, 2007
Secretary of State

Entity Name: Q CITRUS LLC

Current Principal Place of Business:

2649 NORTH FOREST RIDGE BLVD.
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2649 NORTH FOREST RIDGE BLVD.
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 20-4090178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HURT, EDWARD W MR.
2649 NORTH FOREST RIDGE BLVD.
HERNANDO, FL 34442 US

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.

SIGNATURE: EDWARD W. HURT

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HURT, EDWARD W
Address: P.O. BOX 90194
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: HURT, ALANA B
Address: P.O. BOX 90194
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HURT, EDWARD W
Address: 2649 NORTH FOREST RIDGE BLVD.
City-St-Zip: HERNANDO, FL 34442

Title: MGR (X) Change () Addition
Name: HURT, ALANA B
Address: 2649 NORTH FOREST RIDGE BLVD.
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 W. HURT

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date