

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023673

FILED
Feb 12, 2008
Secretary of State

Entity Name: BRITE LEAF CITRUS NURSERY LLC

Current Principal Place of Business:

480 CR 416 S
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

480 CR 416 S
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 22-3922103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMESON, ANNA R SEC/TRE
480 CR 416 S
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

JAMESON, ANNA R VP
480 CR 416 S
LAKE PANASOFFKEE, FL 33538 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: ANNA R. JAMESON

02/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: JAMESON, NATHANIEL H
Address: 480 CR 416 S
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ST () Delete
Name: JAMESON, ANNA R
Address: 480 CR 416 S
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JAMESON, ANNA R
Address: 480 CR 416 S
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: ANNA R. JAMESON

VP

02/12/2008

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