


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000083334 1. Entity Name CITRUS RISE, LLC	
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Principal Place of Business 1101 N. LAKE DESTINY ROAD SUITE 475 MAITLAND, FL 32751	Mailing Address 1101 N. LAKE DESTINY ROAD SUITE 475 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01292008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 81-0668860	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 BLACK, RONALD W 1101 N. LAKE DESTINY ROAD SUITE 475 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE

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.

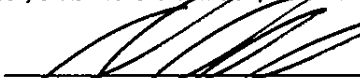
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACK, RONALD W 1101 NORTH LAKE DESTINY ROAD, SUITE 475 MAITLAND, FL 32751
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<p>U000000817556 02/15/08-80007-013 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Ronald.W. Black** **01/30/08** **407-682-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #