

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-06-2007 90081 023 ****50.00

DOCUMENT # L06000085489

1. Entity Name
CITRUS MEADOWS, LLC

Principal Place of Business: **5731 WEST FARKAS ROAD PLANT CITY FL 33567**
 Mailing Address: **5731 WEST FARKAS ROAD PLANT CITY FL 33567**

2. Principal Place of Business - No P.O. Box #
5704 w farkas rd
 Suite, Apt. #, etc.:
 City & State: **Plant City, FL**
 Zip: **33567** Country: **USA**

3. Mailing Address
Same
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

4. FEI Number: **20-8513012**
 Applied For
 Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent:
SMITH, KEITH C ESQ.
121 NORTH COLLINS STREET
PLANT CITY FL 33563

7. Name and Address of New Registered Agent:
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: *Denise S. Farkas*
Signature, name or title of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE:

FILE NOW! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	George L Farkas, Jr <input type="checkbox"/> Delete 5704 w farkas rd Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lisa S Farkas <input type="checkbox"/> Delete 5704 w farkas rd Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George L Farkas Jr*