

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

3. Mailing Address
Same

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Same

4. FEI Number
20-8513012

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, the registered agent.

SIGNATURE *Denise S. Farkas* 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*