


**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      Mailing Address  
**5731 WEST FARKAS ROAD**      **5731 WEST FARKAS ROAD**  
**PLANT CITY FL 33567**      **PLANT CITY FL 33567**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5704 w farkas rd**      **Same**

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

City & State      City & State  
**Plant City, FL**      **Same**

Zip      Country      Zip      Country

**33567**      **A:US**

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