2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90030 036 ****50.00

DOCUMENT # L06000120674

1. Entity Name
CITRUS CONSULTANTS, LLC

Principal Place of Business	Mailing Address
179 BAY PATH DRIVE CRYSTAL RIVER, FL 34429	C/O A.G.C. CO. 200 S ORANGE AVENUE, STE 2300 ORLANDO, FL 32801

02062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
230 N. COUNTRY CLUB DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CRYSTAL RIVER, FL		City & State	
Zip: 34429	Country: CITRUS	Zip	Country

4. FEI Number 20-8457755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.G.C. CO. 200 S. ORANGE AVE, STE 2300 ORLANDO, FL 32801	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL SHAUGHNESSY 230 N. COUNTRY CLUB DR CRYSTAL RIVER, FL 34429	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: MICHAEL SHAUGHNESSY 4-4-07 (941)650-4259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Baker Hostetler

ATTACHMENT
30007573
#C06000120674

Baker & Hostetler LLP

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krushton@bakerlaw.com

May 11, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: *Citrus Consultants, LLC*
Client-Matter No. 88773/10574

Dear Sir or Madam:

Pursuant to your May 3, 2007 letter, enclosed please find the 2007 Limited Liability Company Annual Report for Citrus Consultants, LLC with the Federal Employer Identification number.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

Krystal L. Rushton
Paralegal

Enclosures

cc: Kevin Shaughnessy, Esq.