

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121962

Entity Name: CITRUS RESOURCES LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

4100 SOUTH FRONTAGE ROAD
LAKELAND, FL 33815

New Principal Place of Business:

4100 SOUTH FRONTAGE ROAD
BUILDING 100, SUITE 110
LAKELAND, FL 33815

Current Mailing Address:

4100 SOUTH FRONTAGE ROAD
LAKELAND, FL 33815

New Mailing Address:

4100 SOUTH FRONTAGE ROAD
BUILDING 100, SUITE 110
LAKELAND, FL 33815

FEI Number: 43-2040737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRYGER, ROBERT
4100 SOUTH FRONTAGE ROAD
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

KRYGER, ROBERT
4100 SOUTH FRONTAGE ROAD
BUILDING 100, SUITE 101
LAKELAND, FL 33815 US

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.

SIGNATURE:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECK, WESLEY
Address: 4100 SOUTH FRONTAGE ROAD
City-St-Zip: LAKELAND, FL 33815

Title: PRES () Delete
Name: KRYGER, ROBERT
Address: 4100 SOUTH FRONTAGE ROAD
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WESLEY BECK

MGRM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date