

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002747

FILED  
Jun 22, 2012  
Secretary of State

**Entity Name:** TRIPLE J CITRUS & FARMING LLC

**Current Principal Place of Business:**

4245 FOWLER STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

4245 FOWLER STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE FREEMAN LAW FIRM, P.A.  
4245 FOWLER STREET  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FREEMAN, JEFFREY  
Address: 24535 LOBLOLLY BAY ROAD SW  
City-St-Zip: LABELLE, FL 33935

Title: VP  
Name: FREEMAN, BRIAN  
Address: 4245 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR  
Name: FREEMAN, JEFFREY  
Address: 25435 LOBLOLLY BAY RD.SW  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: FREEMAN, JEFFREY  
Address: 25435 LOBLOLLY BAY RD.SW  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: FREEMAN, JEFFREY  
Address: 25435 LOBLOLLY BAY RD.SW  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: FREEMAN, JEFFREY  
Address: 25435 LOBLOLLY BAY RD.SW  
City-St-Zip: LABELLE, FL 33935

I hereby 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: BRIAN FREEMAN

VP

06/22/2012

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