


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L94000000190 1. Entity Name FLORIDA CITRUS EXPORTS, L.C. |  |
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|---|--|
| Principal Place of Business 7150 20TH STREET STE A VERO BEACH, FL 32966 US | Mailing Address P O BOX 2090 VERO BEACH, FL 32961 US |
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04142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

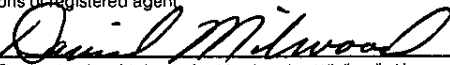
| | |
|---|--------------------------------|
| 4. FEI Number 65-0498195 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MILWOOD, DAVID
 505 66TH AVE SW
 VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

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:  DATE: 4-15-08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

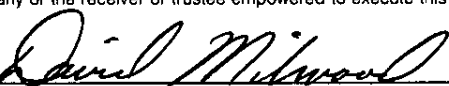
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000913033
 05/07/08-80104-006 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ESTES, W. CODY 7406 U.S. HIGHWAY #1 VERO BEACH, FL 32967 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILWOOD, DAVID 7150 20TH ST #A VERO BEACH, FL 32968 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STREETMAN, GEORGE H 2745 N. ST. LUCIE AVE. VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, RAY 4776 OLD DIXIE HIGHWAY VERO BEACH, FL 32961 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GENKE, PAUL M 5700 W MIDWAY ROAD FT. PIERCE, FL 34981 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCRANIE, JIM 1991 74TH AVE VERO BEACH, FL 32966 |

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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:  DATE: 4-15-08 772-562-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #