

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000190

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FLORIDA CITRUS EXPORTS, L.C.

**Current Principal Place of Business:**

7150 20TH STREET  
STE A  
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2090  
VERO BEACH, FL 32961 US

**New Mailing Address:**

FEI Number: 65-0498195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILWOOD, DAVID  
505 66TH AVE SW  
VERO BEACH, FL 32968 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: MGRM ( ) Delete  
Name: ESTES, W. CODY  
Address: 7406 U.S. HIGHWAY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM ( ) Delete  
Name: MILWOOD, DAVID  
Address: 7150 20TH ST #A  
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM ( ) Delete  
Name: STREETMAN, GEORGE H  
Address: 2745 N. ST. LUCIE AVE.  
City-St-Zip: VERO BEACH, FL

Title: MGRM ( ) Delete  
Name: SMITH, RAY  
Address: 4776 OLD DIXIE HIGHWAY  
City-St-Zip: VERO BEACH, FL 32961

Title: MGRM ( ) Delete  
Name: GENKE, PAUL M  
Address: 5700 W MIDWAY ROAD  
City-St-Zip: FT. PIERCE, FL 34981

Title: MGRM ( ) Delete  
Name: MCCRANIE, JIM  
Address: 1991 74TH AVE  
City-St-Zip: VERO BEACH, FL 32966

**ADDITIONS/CHANGES:**

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

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

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

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

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: DAVID MILWOOD

MGRM

04/24/2009

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