

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000003558**

1. Entity Name

CHARLOTTE CITRUS PARTNERS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:55

Principal Place of Business

206 N. 6TH AVENUE  
WAUCHULA FL 33873

Mailing Address

P.O. BOX 2325  
WAUCHULA FL 33873-6325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SEE, JAMES V JR  
206 NORTH 6TH AVENUE  
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME SEE, JAMES V JR  
STREET ADDRESS P.O. BOX 2325  
CITY-ST-ZIP WAUCHULA FL 33873TITLE MGR ☐ Delete  
NAME ALBRITTON, BENNY W SR  
STREET ADDRESS P.O. BOX 1784  
CITY-ST-ZIP WAUCHULA FL 33873TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐  
NAME SEE, JAMES V., JR  
STREET ADDRESS 707 OAK FOREST DRIVE (P.O. Box 2325)  
CITY-ST-ZIP WAUCHULA, FL 33873TITLE MGR ☒ Change ☐  
NAME ALBRITTON, BENNY W., SR.  
STREET ADDRESS 2986 Schontag Road (P.O. Box 1784)  
CITY-ST-ZIP Wauchula, FL 33873TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

James V. See, Jr.

1/21/00 (863) 773-0060

Date

Daytime Phone #