2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000003813

1. Entity Name
R/T CITADEL, LLC

Principal Place of Business	Mailing Address
1254 JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	1254 JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3591358	Not Applicable

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

6. Name and Address of Current Registered Agent

CHALIFOUX, THOMAS E JR
3500 OLD TAMPA HWY.
KISSIMMEE, FL 34741

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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

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

Filing Fee is $50.00
Due by May 1, 2007

U000000659634
03/16/07 00097 019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHALIFOUX, THOMAS E JR.
STREET ADDRESS	3500 OLD TAMPA HWY.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	MGRM
NAME	WILLIAMS, REIDY
STREET ADDRESS	1455 ENGLEWOOD DRIVE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Thomas E. Chalifoux Jr_   03/5/07   407-84-0477

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