
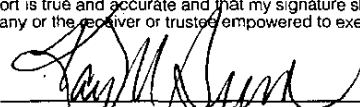


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90116 004 \*\*\*\*50.00

<b>DOCUMENT # M03000000727</b> 1. Entity Name <b>EWING CITRUS PARK, LLC</b>			
Principal Place of Business <b>% EWING SOUTHEAST REALTY, LLC/SUITE 135 3495 PIEDMONT RD, NE, TEN PIEDMONT CENTER ATLANTA, GA 30305</b>		Mailing Address <b>% EWING SOUTHEAST REALTY, LLC/SUITE 135 3495 PIEDMONT RD, NE, TEN PIEDMONT CENTER ATLANTA, GA 30305</b>	
2. Principal Place of Business <b>11660 Mt. Vernon Rd</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Dunwoody, GA</b> Zip <b>30338</b> Country <b>USA</b>		3. Mailing Address <b>P.O. Box 3040</b> Suite, Apt. #, etc.  City & State <b>Duluth, GA</b> Zip <b>30096</b> Country <b>USA</b>	
4. FEI Number <b>75-3091338</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICE, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EWING SOUTHEAST REALTY, LLC 3495 PIEDMONT RD NE, SUITE 135 ATLANTA, GA 30305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr. Ewing Citrus, LLC Kay Brown 11660 Mt. Vernon Rd. Ste. 200 Dunwoody, GA 30338</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>KAY M. BROWN, Agent</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>07/19/04</b> Daytime Phone # <b>(678) 443-9294</b>	