

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000001131

1. Entity Name
CITRIX ONLINE LLC



Principal Place of Business
851 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

Mailing Address
851 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

FILED
05 JUL 18 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06282005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
74-3115084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____
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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CITRIX SYSTEMS, INC
STREET ADDRESS 851 WEST CYPRESS CREEK RD.
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
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CITY-ST-ZIP

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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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David R. Freedman Secy

June 28, 2005 954 267-3006