2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002967

Name:

Address:

City-St-Zip:

160 FEDERAL STREET, 17TH FLOOR

BOSTON, MA 02110

Entity Name: CITIZENS RESOURCES LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 160 FEDERAL STREET, 17TH FLOOR 160 FEDERAL STREET BOSTON, MA 02110 17TH FLOOR BOSTON, MA 02110 **Current Mailing Address: New Mailing Address:** 160 FEDERAL STREET, 17TH FLOOR 160 FEDERAL STREET BOSTON, MA 02110 17TH FLOOR BOSTON, MA 02110 FEI Number: 04-3334379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HUNT, JOHN A JR. Name: Name: 160 FEDERAL STREET, 17TH FLOOR Address: Address: City-St-Zip: BOSTON, MA 02110 City-St-Zip: Title: MGR Title: MGR (X) Change () Addition () Delete Name: LEAHEY, PHILIP D Name: LEAHEY, PHILIP P Address: 160 FEDERAL STREET, 17TH FLOOR Address: 160 FEDERAL STREET, 17TH FLOOR City-St-Zip: BOSTON, MA 02110 City-St-Zip: BOSTON, MA 02110 Title: MGR () Delete Title: () Change () Addition COUGHLIN, FRAN B Name: Name: 160 FEDERAL STREET, 17TH FLOOR Address: Address: City-St-Zip: BOSTON, MA 02110 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CROUCH, MARK B

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP P. LEAHY 01/16/2009