File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAR 15 AM 10: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001587** 1a. Principal Place of Business Address CONSOLIDATED CITRUS MANAGEMENT, L.L.C. K & \$1350 X K & BOXDASK B KODEN, X X S KODINK R X \$2350XX DODGE X STRIKTS X XAMAA X SZINIXB X DOGG SCHANGERSCHE 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 8050 SOUTH U.S. 27 P.O. BOX 1210 12/23/1998 DE. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 52-2134024 City & State City & State **ANDERINATION** Not Applicable SOUTH BAY, FLORIDA BELLE GLADE, FLORIDA 5 Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 33493 USA 33430 USA 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 8000002814728----03/23/99 --01017 --019 \*\*\*\*188.75 City 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE . . SIGNATURE (Registered Agent Aprepting Appointment) (NOTE Registered Agents grature required when tenst thou) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MOR CACREMINANTER & X MARKE & XIXAMM X XIX MGR RYAN, STEVE 8050 SOUTH U.S. 27 SOUTH BAY, FL 33493 11. I do hereby certify that the information supplied In this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information and that my emphature shall have the same legal effect as if made under oath; that I am a managing member or manager of the mpowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an indicated on this annual report is true and accuralimited liability company or the receiver or truste attachment with an address.

INHSE10 R (12-98)

SIGNATURE: