2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90011 045 ****50.00

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1. Entity Name
CONSOLIDATED CITRUS MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
4210 METRO PARKWAY, SUITE 250 FORT MYERS, FL 33916-9409	4210 METRO PARKWAY, SUITE 250 FORT MYERS, FL 33916-9409

04192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2134024
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOMA, RICHARD
4210 METRO PARKWAY STE 250
FORT MYERS, FL 33916

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLEMENT, JAMEY H JR
STREET ADDRESS	822 DOUGLASS AVE
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	MGR
NAME	HUNT, JACK
STREET ADDRESS	THREE RIVERWAY STE 1600
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	MGR
NAME	GARDINER, WILLIAM
STREET ADDRESS	THREE RIVERWAY STE 1600
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	MGRP
NAME	UNDERBRINK, ROBERT J
STREET ADDRESS	P.O. BOX 1210
CITY-ST-ZIP	BELLE GLADE, FL 33430
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 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: Richard Choma VP/CAO 4/22/04 239-275-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #