

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90033 007 ****50.00

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03242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M99000001259 1. Entity Name SFE CITRUS GP, LLC																											
Principal Place of Business 15000 US HIGHWAY 310 N DADE CITY, FL 33523		Mailing Address 15000 US HIGHWAY 310 N DADE CITY, FL 33523																									
2. Principal Place of Business <i>15000 Citrus County Dr.</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Dade City, FL</i> Zip <i>33523-2401</i>		3. Mailing Address <i>P.O. Box 97</i> Suite, Apt. #, etc. City & State <i>Dade City, FL</i> Zip <i>33526-0097</i>																									
4. FEI Number 59-3583659		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HIGHWAY 301 DADE CITY, FL 33523-2401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>15000 Citrus County Dr.</i> <i>Suite 202</i> City <i>Dade City,</i> FL Zip Code <i>33523-2401</i>																									
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 <i>Bon Reese</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>BEN REESE</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VIJOEN, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15000 US HIGHWAY 310 N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DADE CITY, FL 33523</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	VIJOEN, GARY		STREET ADDRESS	15000 US HIGHWAY 310 N		CITY-ST-ZIP	DADE CITY, FL 33523		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">2101 Chestnut Forest Dr.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tampa, FL 33618</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	2101 Chestnut Forest Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Tampa, FL 33618		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 exemptions contained in Chapter 119, 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: <i>GARY VIJOEN</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>04/10/06</i> Daytime Phone # <i>813-301-4606</i>																									