2001	UNIFOR	RM	BUSINESS	REPORT	(UBR)
OCUM	MENT#	A.	10000000	000	

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DOCUMENT # M9900001260 1. Entity Name							With the state of				
SFE CITRUS HOLDINGS, LLC						FILED					
Principal Place of Business Mailing Address							01	JAN 31 PM 12	45		
C/O PASCO ACQUISITION 400 NORTH TAMPA STREET TAMPA FL 33602 C/O PASCO ACQUISITION 400 NORTH TAMPA STREET TAMPA FL 33602					-			CRETARY OF STA	TF	6010 1 24 610 14 0 4	1 1480 110 110 110
2. Principal Place of Business 3. N			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEIN	1umber 59-3583661		 	oplied For ot Applicable	
Zip	Country Zip			Country			5. Certi	ficate of Status Desired		\$5.00 Ad Fee Require	
· <u> </u>	6. Name	and Address of Current I	Registered Agent		Name		7. Name	e and Address of New Re	gistered A	Agent	·
DOLINER, NATHANIEL L ESQ.					Street Address (P.O. Box Number is Not Acceptable)						
_	ron fields Rbour isl								•		
TAMPA F					City				FL	Zip Cod	e
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office or	registere	ed agent, o	or both, in the State of Flori		<u>' </u>	· · · · · · · · · · · · · · · · · · ·
		,				-					
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	Registered	d Agent signatu	ure required v	when reinstati	ng)	DATE		
			FILE NO Make Check Pay		-		State				
9.		MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS/C	CHANGES		
TITLE	MGRM		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		e, david Ham road Iaven fl 33881			ET ADDRESS ST-ZIP			500003			010
TITLE	MGRM		☑ Delete	TITLE		<u>-</u>	· <u>-</u>	—————————————————————————————————————	50.00	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		OU H STREET, APT. #18-C K.NY 10016			ET ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEISER, R 326 LAKE		☐ Delete		L.					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, (413 NORT		🖾 Delete			125	ERT N 1 PRI	ORBERG STINE PLACE 33549		Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEGREENI 230 BRIGH		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1					Change	Addition

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 ingreceive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Robert A Peiser

//26/2001 877 575 3727
Data Daytime Phone •