

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 26 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/10/00--01024--010
*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001913
1. Entity Name
 CITRUS CITY PROPERTIES, LLC

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 Houston, TX 1177 W. Loop South
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 900
City & State **City & State**
 Houston TX
Zip **Country** **Zip** **Country**
 77027 USA 77027 USA

4. FEI Number **Applied For**
 76-0624052 **Not Applicable**
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~The Corporation Trust Company~~
 1209 Orange Street
 Wilmington, Delaware 19801

7. Name and Address of New Registered Agent
Name
 Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tractebel Project Development, Inc. 1177 W. Loops, Ste 900 Houston, TX 77027 MGEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William P. Uff same as above MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP/Secretary Timothy R. Dunne same as above MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP/treasurer Rachel W. Kilpatrick same as above MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rachel W. Kilpatrick Rachel W. Kilpatrick ⁽⁷¹³⁾ 552-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)