

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90139 040 \*\*\*\*55.00

**DOCUMENT # L00000007994**

1. Entity Name  
**LOU-BETH GROVES LC**



Principal Place of Business

**18240 VILLA CITY RD  
GROVELAND, FL 34736**

Mailing Address

**18240 VILLA CITY RD  
GROVELAND, FL 34736**

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3644333**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BECK, ANDREA  
18240 VILLA CITY RD  
GROVELAND, FL 34736**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BECK, ANDREA
STREET ADDRESS	18240 VILLA CITY RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	D
NAME	BECK, ANDREW D.
STREET ADDRESS	18240 VILLA CITY RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*Andrea Beck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-18-07 352-429-9824*

Date

Daytime Phone #