


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008614 1. Entity Name GOLDEN GROVES, LLC	
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Principal Place of Business 611 W. AZEELE ST. TAMPA, FL 33606	Mailing Address 611 W. AZEELE ST. TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3737419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

H. STRATTON SMITH III, ESQ.
 611 W. AZEELE ST.
 TAMPA, FL 33606

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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 date if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

00000084561
02/24/04-80017-010 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP DICKERSON, JAMES E 611 W. AZEELE ST. TAMPA, FL 33606
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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)(b), 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:  DATE: 1-22-04 TIME: 8:13 9983063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #