


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022642**

1. Entity Name  
**JESSGROVE LLC**



Principal Place of Business      Mailing Address

**4983 BROOK ROAD**      **4983 BROOK ROAD**  
**KISSIMMEE, FL 34758**      **KISSIMMEE, FL 34758**

**DO NOT WRITE IN THIS SPACE**



01232006No Chg-LLC      CRZE083 (11/05)

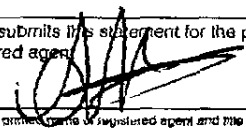
4. FEI Number <b>59-3761102</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**HAWKSWORTH, ALAN**  
**4983 BROOK ROAD**  
**KISSIMMEE, FL 34758**

**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:       DATE: 01/31/06

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAVEZ, RONALD 4983 BROOK ROAD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAWKSWORTH, ALAN 4983 BROOK RD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000417895  
 02/13/06-80074-019 50.00

**DO NOT WRITE 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:       DATE: 01/31/06      607 208 9296

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Document #