

Amended Report


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-29-2007 90177 003 *****50.00
L05000082021

FILED

2007 APR -5 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000082021			
1. Entity Name FIESTA GROVE, LLC			
Principal Place of Business 9010 50TH DRIVE EAST, SUITE 100 BRADENTON, FL 34203		Mailing Address 9010 50TH DRIVE EAST, SUITE 100 BRADENTON, FL 34203	
2. Principal Place of Business - No P.O. Box # 1180 8th Ave W #509 Suite, Apt. #, etc.		3. Mailing Address 1180 8th Ave W #509 Suite, Apt. #, etc.	
City & State Palmetto, FL 34221-3810		City & State Palmetto, FL 34221-3810	
Zip 34221-3810		Country Manatee	
4. FEI Number 54-2180869		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HARRISON, G. JOSEPH 1206 MANATEE AVENUE WEST BRADENTON, FL 34205		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DENTON, JOHN M 9010 50TH DRIVE EAST, SUITE 100, BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			1180 8th Ave W #509 Palmetto, FL 34221-3810
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>John M. Denton</u>		Date: <u>3/27/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	