## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM DOCUMENT # L0000006533 **Secretary of State** 1. Entity Name B & J GROVES, L.L.C. Mailing Address Principal Place of Business 4325 SUN-N-LAKE BLVD. 4325 SUN-N-LAKE BLVD. SEBRING FL 33872 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Ant #. etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 65-1015323 Not Applicable Zιo Country Ζŧρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYANT, THOMAS J CPA Street Address (P.O. Box Number is Not Acceptable) 114 N. TENNESSEE AVE., SUITE 202 LAKELAND FL 33801 City Zip Code FL 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, typoo or printed name of registered agent and tale it applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Change Addition TITLE Delete U00000016201 NAME MASSAM, A. ROBERT NAME 01/28/04-80045-021 50.00 STREET ADDRESS STREET ADDRESS 4325 SUN N LAKE BLVD #105 C87Y - ST- 78P SEBRING FL 33872 CHY-ST-ZIP Addition TITLE Change BILE **VPS** ☐ Delete MASSAM, JUDY W NO.IE NAME STREET ACCRESS STREET ADDRESS 4325 SUN N LAKE BLVD #105 CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAM5 MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP RITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY - ST-ZIP Delete 33TJ F Change Addition 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

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