


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007994

1. Entity Name
LOU-BETH GROVES LC



Principal Place of Business: 6401 FICQUETTE RD. WINDERMERE, FL 34786

Mailing Address: 6401 FICQUETTE RD. WINDERMERE, FL 34786



04072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

BRACEWELL, JENNIFER J
6401 FICQUETTE RD.
WINDERMERE, FL 34786

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BRACEWELL, JENNIFER J
STREET ADDRESS	6401 FICQUETTE RD
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	BECK, ANDREW D
STREET ADDRESS	18240 VILLA CITY RD
CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	D
NAME	BECK, WILLIAM S
STREET ADDRESS	242 E STORY RD
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

04/11/05-80095-017-50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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: *Jennifer Bracwell* 4-7-05 407-877-6328

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