

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 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



02082006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3644333	Applied For Not Applicable
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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

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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 _____

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

1100000456311
 03/16/06-80024-015 50.00

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jennifer J. Bracewell*

2-10-06 407-877-6328

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

Date

Daytime Phone #