



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010232</b>			
1. Entity Name <b>TRI-GROVES, L.L.C.</b>			
Principal Place of Business <b>290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880</b>	Mailing Address <b>290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01252006 No Chg-LLC CR2E033 (11/05)	
		4. FEI Number <b>59-6233822</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>NOLEN, J.M. 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEIS, GEORGE W 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SECKEL, WARREN M 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOLEN, J.M. 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>George W. Leis (GEORGE "W" LEIS)</u>		2/22/06 863-293-0304	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE Daytime Phone #</small>	