

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010232

1. Entity Name
TRI-GROVES, L.L.C.



Principal Place of Business
**290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**

Mailing Address
**290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6233822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOLEN, J.M.
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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**

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/08/07 80011-024-50.00

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 606, Florida Statutes.

SIGNATURE: George W Leis (GEORGE W LEIS)

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

2/23/07 863-294-7541

Date

Daytime Phone #