FILED
Mar 31, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010850

1. Entity Name
CIRCLE Y GROVES, LLC

Principal Place of Business	Mailing Address
3825 CANOE CREEK ROAD ST. CLOUD, FL 34772	3825 CANOE CREEK ROAD ST. CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
26-6587366
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES ESQ.
315 E. ROBINSON ST., SUITE 600
ORLANDO, FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000099726
03/31/04-80018-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	OWNR
NAME	YATES, HENRY C
STREET ADDRESS	3825 CANOE CREEK ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	SEC
NAME	YATES, REESIE M
STREET ADDRESS	3825 CANOE CREEK ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Reese M Yates 3-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #