

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010850

Entity Name: CIRCLE Y GROVES, LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

3825 CANOE CREEK ROAD
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3825 CANOE CREEK ROAD
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 26-6587366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHUFFIELD, W. CHARLES ESQ.
HENRY C YATES
3825 CANOE CREEK ROAD
ST CLOUD, FL 34772 US

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.

SIGNATURE: CHARLES W SHUFFIELD ESQ

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: OWNER () Delete
Name: YATES, HENRY C
Address: 3825 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: SEC () Delete
Name: YATES, REESIE M
Address: 3825 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YATES, HENRY C
Address: 3825 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM (X) Change () Addition
Name: YATES, REESIE M
Address: 3825 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: REESIE M YATES

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date