

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002144

Entity Name: SYLVAN GROVE, LLC

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

6140 71ST AVE. N.
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

2894 66TH TERRACE S.
ST. PETERSBURG, FL 337125510 US

Current Mailing Address:

P.O. BOX 3107
ST. PETERSBURG, FL 337313107 US

New Mailing Address:

FEI Number: 59-3711028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAT
2894 66 TERRACES
ST. PETERSBURG, FL 337125510 US

Name and Address of New Registered Agent:

SMITH, PAT
POB 3107
ST. PETERSBURG, FL 337313107 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:

02/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SMITH, TROY
Address: 6140 71ST AVE. N.
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM () Delete
Name: SMITH, CAROLYN
Address: 6140 71ST AVE. N.
City-St-Zip: PINELLAS PARK, FL 33781 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, TROY
Address: 2894 66TH TERRACE S.
City-St-Zip: ST. PETERSBURG, FL 337125510 US

Title: MGRM (X) Change () Addition
Name: SMITH, CAROLYN
Address: 2894 66TH TERRACE S.
City-St-Zip: ST. PETERSBURG, FL 337125510 US

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: TROY SMITH

MGRM

02/19/2004

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