<u>.</u>

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000007685

1. Entity Name

RAPTOR GROVE, LLC

Edwin MERRITT SIGNATURE: MGRIM



FILED Feb 15, 2007 08:00 Al Secretary of State

Principal Place	ce of Business	Mailing Address	Mailing Address					•	
4838 SOUTH US HIGHWAY ONE FORT PIERCE FL 34982		4838 SOUTH US HIGHWAY ONE FORT PIERCE FL 34982 .							
2. Principal Place of Business - No P.O. Box #		3. Mailing Addross					MIII MMIII MMIII M AJA		9))001 ()) 300)
Suita, Apt. #, atc.		Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)			
Cily & Sta	le	City & Stale		4. FEI Nu	4. FEI Number NO-T APPLICABLE Applied For Not Applicable				
Zip	Country	Zip Coun		ntry	5. Certific	cate of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent	gistered Agent		7. Name	7. Name and Address of New Registered Agent			
				Namo					
REI 400 LAI		Street Address		ddress (P.O. Box Nu	s (P.O. Box Number is Not Acceptable)				
						<u> </u>	FL	Zip Cod	le
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	rogister	ed office or	registered agent, or	both, in the State of F	lorida. I am	familiar with,	and accopt
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable (NOT	E: Registare	d Agent signatu	re required when reinstating))	DATE		
		FILE N	ווושׁח	FEE IS \$5	:0 no				
		Make Check Payable to Flo Due By Ma		orlda Dep	artment of State	,			
9. MANAGING MEMBERS/MANAGERS						ADDITIONS	CHANGES		
NDE	MGRM	☐ Delele	IIIU	E				☐ Change	Addition
NAME	REITANO, RICHARD		NAM	E :		Noonaa			
STREET ADDRESS	4000 S. 57TH AVE			ET ADDRESS			5353 <i>(</i> 5 50043 0	በ4 ሮብ ሮ	ıΩ
CITY-ST-ZIP	LAKE WORTH FL 33463	11-11-1	CITY	-ST-ZIP		02/25/07=	5004270	U4 50.0	ı)
IIILE	MGRM	Delete	1111	E				☐ Change	Addilion 🔲
NAME	MERRITT, EDWIN		NAM						
STREET ADDRESS	1204 COUNTRY GARDEN LANE			ET ADDRESS					
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY	·ST•7IP					
ME		☐ Delete	TITLE	Ε				Change	Addition .
NAME		_ ,,	NAM						,
STREET ADDRESS		_		ET ADDRESS	,				
CITY - ST- ZIP			CITY	-ST-ZIP		.,			
THE		☐ Detete	DITLE					Change	Addition
NAME			NAM.						
STREET ADDRESS City-St-Zip				ET ADDRESS					
	<u> </u>		CITY	· S J - 7/P				_	
IIIU .		☐ Delete	IIIL					L Change	☐ Addition
NAME STREET ADDRESS			NAMI e i de	ETADDRESS					
CITY-SI-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				•	☐ Change	Addition
NAME		□ Delete	NAMI	1				□ onange	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
11. I hereby d	certify that the information supplied with	this filing does not qualify f	or the ex	emptions o	ontained in Soction	119, Florida Statutes	I further cert	ify that the in	nformation
indicated	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	e the san	ne legal effe	ect as if made unde	er oath; that I am a ma	anaging men	ber or mana	iger of the