2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** 

## Jan 26, 2005 08:00 AM Secretary of State DOCUMENT # L01000017750 1. Entity Name J&E GROVES, LLC Principal Place of Business Mailing Address P.O. BOX 670 FORT PIERCE FL 34954 2000 N. KINGS HIGHWAY FORT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E083 (10/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINTON, JOHN L Street Address (P.O. Box Number is Not Acceptable) 2000 N. KINGS HIGHWAY FORT PIERCE FL 34951 Zip Code City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title 4 applicable (NOTE Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. HILE MGR ☐ Delete MILE Change Addition NAME MINTON, JOHN L SR. NAME CIRCLI ADDRESS 2000 N. KINGS HIGHWAY SERVET ADDRESS CITY ST-ZIP FORT PIERCE FL 34951 CHY-SI-ZIP ☐ Delete TOTLE Change Addition THE U00000198943 NAMI 01/27/05-80069-006 50.00 STREET ADDRESS STREET ADDRESS CITY ST-702 City-St-7/P ☐ Delete Achlica TITLE THE Change NAME NAME STREET ADDRESS STREET AODRESS CITY ST-7(P CITY-ST ZIP HILL MILE ☐ Delete Change Andilia NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP C11Y-S1-ZIF ☐ Delete HILLE DILE Change Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Tillef ☐ Defete THE F Change Adddin NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-74° CITY ST-ZIP

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:

John L. Minton, MGR.

//2a/05 772-464-3502

**FILED**