

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90232 045 \*\*\*\*50.00

**DOCUMENT # L01000019792**

1. Entity Name  
PEACE RIVER GROVES, L.L.C.



Principal Place of Business  
1101 SIXTH AVENUE WEST  
SUITE 203  
BRADENTON, FL 34205

Mailing Address  
1101 SIXTH AVENUE WEST  
SUITE 203  
BRADENTON, FL 34205

**24020156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3757744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNES, DELTON L  
210 CROWN POINT CIRCLE SUITE 200  
LONGWOOD, FL 32779

Name  
Haynes, Delton L.

Street Address (P.O. Box Number is Not Acceptable)  
1101 Sixth Avenue West

Suite 203

City  
Bradenton

FL

Zip Code  
34205

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 *Delton L. Haynes* Delton L. Haynes

3-8-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAYNES, DELTON L  
1101 6TH AVENUE WEST, SUITE 203  
BRADENTON, FL 34205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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: *Delton L. Haynes* Delton L. Haynes

3-8-04

(941) 746-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #