2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L01000019792 01-27-2005 90078 044 ****50.00 1. Entity Name PEAĆE RIVER GROVES, L.L.C. Principal Place of Business Mailing Address 1101-SOUTH-AVENUE WEST 1.101-SOUTH-AVENUE-WEST. SUITE 203 SUITE 203 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 1101 6th Avenue West 1101 6th Avenue West Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-LLC CR2E083 (10/03) Suite 203 Suite 203 City & State Applied For City & State 4. FEI Number Bradenton, 59-3757744 Not Applicable Bradenton. Country Country Zip \$5.00 Additional Zip 5. Certificate of Status Desired 34205 USA 34205 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYNES, DELTON L Street Address (P.O. Box Number is Not Acceptable) 1101 SIXTH AVENUE WEST SUITE 203 BRADENTON, FL 34205 City Zip Code FL 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 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 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM nn e Detete TITLE ☐ Change ☐ Addition HAYNES, DELTON L NAME NAME STREET ADDRESS 1101 6TH AVENUE WEST, SUITE 203 STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME .. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

WING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 27, 2005 8:00 am