
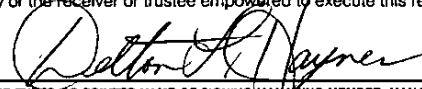


DOCUMENT # L01000019792						
<b>1. Entity Name</b> PEACE RIVER GROVES, L.L.C.						
<b>Principal Place of Business</b> 1101 SOUTH AVENUE WEST SUITE 203 BRADENTON, FL 34205			<b>Mailing Address</b> 1101 SOUTH AVENUE WEST SUITE 203 BRADENTON, FL 34205			
<b>2. Principal Place of Business</b> 1101 6th Avenue West Suite, Apt. #, etc. Suite 203 City & State Bradenton, FL Zip 34205			<b>3. Mailing Address</b> 1101 6th Avenue West Suite, Apt. #, etc. Suite 203 City & State Bradenton, FL Zip 34205			
Country USA			Country USA			
<b>6. Name and Address of Current Registered Agent</b>						
HAYNES, DELTON L 1101 SIXTH AVENUE WEST SUITE 203 BRADENTON, FL 34205					Name	
					Street Address	
					City	
					State	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)						
Signature, typed or printed name of registered agent and title if applicable.						
Filing Fee Is \$50.00 Due by May 1, 2005						
9. MANAGING MEMBERS / MANAGERS						
TITLE	MGRM <input type="checkbox"/> Delete HAYNES, DELTON L 1101 6TH AVENUE WEST, SUITE 203 BRADENTON, FL 34205				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
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TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY - ST - ZIP					CITY - ST - ZIP	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S</b> <b>indicated on this report is true and accurate and that my signature shall have the same legal effect as if</b> <b>limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.</b>						
<b>SIGNATURE:</b> 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						