

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90352 009 ****50.00

DOCUMENT # L01000019792			
1. Entity Name PEACE RIVER GROVES, L.L.C.			
Principal Place of Business 1101 6TH AVENUE WEST SUITE 203 BRADENTON, FL 34205		Mailing Address 1101 6TH AVENUE WEST SUITE 203 BRADENTON, FL 34205	
2. Principal Place of Business - No P.O. Box # 2712 PALMA SOLA BLVD.		3. Mailing Address 2712 PALMA SOLA BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON, FL		City & State BRADENTON, FL	
Zip 34209		Country MANATEE	
4. FEI Number 59-3757744		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, DELTON L 1101 SIXTH AVENUE WEST SUITE 203 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2712 PALMA SOLA BLVD. City BRADENTON FL Zip Code 34209	
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 <i>Delton L. Haynes</i> DATE 4-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Delton L. Haynes</i> DELTON L. HAYNES 4-30-07 941-807-5044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			