## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000019792

1. Entity Name

PEACE RIVER GROVES, L.L.C.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90213 043 \*\*\*\*50.00

Principal Place of Business   20 CROWN POINT CRECLE SUITE 20 CROWN POINT CRECLE SUIT							TEE						
LONGWOOD F, 32779	Principal Pla	ce of Business	Mailing Address	ailing Address					-				
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Suite. Apt. # etc.  Suite. Apt. # etc.  Suite. Apt. # etc.  City & State  Country  City Country  Country  Country  S. Certificate of Status Desired   Appriet For   Not Applicated   Note   Note													
City & State	<b>2.</b> Principal f	Place of Business	3. Mailing Address			]							
Country   Zp	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
County   C	City & State			City & State				J 33 37 37 744					
Name	Zip	Country	Zip Country				5. Certificate of Status Desired Status Desired Additional						
HAYNES, DELTON L 210 CROWN POINT CIRCLE SUITE 200 LONGWOOD FL 32779  8. The abover 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, based of primar have of registered agent agent agent and fine 4 applicable.   MCITE Acquitated Agent signature required when initiating)   Dutte		6. Name and Addr	ess of Current Rec	gistered Agent			'	7. Name a	nd Addre	ss of New	Registered		
210 CROWN POINT CIRCLE SUITE 200 LONGWOOD FL 32779  8. The abover named analty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Separation bytes of strings have differed many dimportand and that a spulcable.   NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   DATE	ПА	NEC DELTON I				Name					, ,		
E. 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 time obligations of registered agent.  SIGNATURE    Signature lives of printed name of registered agent agent into the registered agent of the registered agent or printed name of registered agent agent agent into the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time of objects or registered agent, or both, in the State of Florida. I am familiar with, and accept time?    Signature agent	210	<b>CROWN POINT CIRC</b>	CLE SUITE 200			Street Add	dress (F	P.O. Box Nun	nber is Not	Acceptab	le)		<u></u>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Surviver, bried or printed name of registered agent and file if applicable.				,		City					-	Zin Cor	1e
SIGNATURE    Signature   Signa						1						-   '	
Square hybrid or primed name of negletical agent and period agent and period agent and period places.   Pile   Now!!!   FEE IS \$50.00   Nake Check Payable to Floridate Department of State   Policy   May 1, 2003   Politic   Payable to Floridate Department of State   Politic   Payable to Floridate Department of State   Payable to Floridate Department of State   Payable to Floridate Department of State   Payable to Floridate   Payabl	the obligat	e named entity submits t tions of registered agent	his statement for the	e purpose of changing its	registere	ed office or re	egistere	ed agent, or l	both, in the	State of F	lorida. 1 am	familiar with	, and accept
SPECIAL PROPERTY   FEE IS \$5.00   Make Check Payable to Florida Department of State Drive By May 1, 2003   May 1	SIGNATURE	Signature, typed or printed name	e of registered agent and ti	tle if applicable. (NOT	E: Registered	Agent signature	e required v	when reinstating)			DATE		
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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 tree 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	11.   hereby c	ertify that the information	supplied with this	filing does not qualify for	the ever	otion stated	in Corr	ion 110 07/0	N/N Class	2 Ctc+	ا بمعلوم ال	16. ab	· (** · · ·

SIGNATURE: