

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90213 043 ****50.00

DOCUMENT # L01000019792

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



Principal Place of Business Mailing Address
210 CROWN POINT CIRCLE SUITE 200 **210 CROWN POINT CIRCLE SUITE 200**
LONGWOOD FL 32779 **LONGWOOD FL 32779**

20011106



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3757744** Applied For
Not Applicable

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **HAYNES, DELTON L**
STREET ADDRESS **210 CROWN POINT CIRCLE STE 200**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **HAYNES, DELTON L.**
STREET ADDRESS **1101 6TH AVENUE WEST, SUITE 203**
CITY-ST-ZIP **BRALENTON, FL 34205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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** **1-14-03** **941-746-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)