

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022605

Entity Name: SUN RAY GROVES, LLC

FILED  
Mar 24, 2006  
Secretary of State

**Current Principal Place of Business:**

4101 STATE ROAD 70 EAST  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1083  
LAKE PLACID, FL 33862

**New Mailing Address:**

FEI Number: 01-0550240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROGERS, ALTON D  
100 SUNSET POINTE BLVD.  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

OSBURN, ROBERT O  
235 SOUTH BEAR POINTE DRIVE  
LAKE PLACID, FL 33852 US

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.

SIGNATURE: ROBERT O OSBURN

03/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALKER, WADE H JR.  
Address: P.O. BOX 1381  
City-St-Zip: WINTER HAVEN, FL 33882

Title: MGR ( ) Delete  
Name: ROGERS, ALTON D  
Address: 5703 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: OAKLEY, THOMAS E  
Address: 101 ABC ROAD  
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WADE H WALKER

MGR

03/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date