2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022642

1. Entity Name JESSGROVE LLC



Principal Place of Business

4983 BROOK ROAD KISSIMMEE, FL 34758 Mailing Address

4983 BROOK ROAD KISSIMMEE, FL 34758

FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90380 044 ***150.00

60049453



05032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3761102

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKSWORTH, ALAN 4983 BROOK ROAD KISSIMMEE, FL 34758

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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 Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE				DATE
Filing Fee is \$50.00 Due by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAVEZ, RONALD 4983 BROOK ROAD KISSIMMEE, FL 34758			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAWKSWORTH, ALAN 4983 BROOK RD KISSIMMEE, FL 34758			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

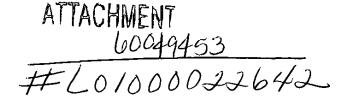
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

05/03/07

Daytime Phone #

Divisions of Corporations P.O. Box 8800 Tallahassee, FL 32314



To Whom It May Concern:

I am writing to inform you that we tried for two days to pay of fee for the Annual Report. We are sorry we did not send payment to you on time. We had difficulty with the online system; I guess it was an overload of Corporations trying to do everything at the last minute. I am inserting the messages we received from the online system.

CGI Timeout

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.

I would like to thank the technician which helped me (Rob). He stated we could print off the form to mail in the payment as long as we attached a letter.

Sincerely,

Kay Bond

Administrative Assistant

Jessgrove LLC

407-908-4213 (Cell)

407-933-5242 (Phone / Fax)