

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L02000001415**

**1. Entity Name  
O'BERRY GROVE, LLC**



**Principal Place of Business  
PLATT ROAD  
DADE CITY, FL 33525**

**Mailing Address  
4572 THORNLEA RD  
ORLANDO, FL 32817**



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3511186**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDREWS, WILLIAM C JR  
4572 THORNLEA ROAD  
ORLANDO, FL 32817**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*William C Andrews Jr*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*1-31-04*

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANDREWS, WILLIAM C  
2219 NW 23RD TERR  
GAINESVILLE, FL 32605**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANDREWS, CEDORA P  
2219 NW 23RD TERR  
GAINESVILLE, FL 32605**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000051916  
02/16/04-80071-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*William C Andrews Jr*

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

**Date**

**Daytime Phone #**

*1-31-04 321-303-4589*