2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# L02000008499

Entity Name: GROZA INVESTMENTS, LLC

Current Principal Place of Business:

704 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

704 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

FEI Number: 03-0411902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GROZA, JOHN A
1417 SW OSPREY COVE
PORT ST. LUCIE, FL 34958 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GROZA, JOHN A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM ( ) Delete
Name: GROZA, PATRICIA A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES:

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

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

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: PATRICIA A GROZA MGR 05/08/2006

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