2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90057 025 ****50.00

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1. Entity Name
TUNNO GROVES, LLC

Principal Place of Business	Mailing Address
7 SPENCER SHRS. HAINES CITY, FL 33844	7 SPENCER SHRS. HAINES CITY, FL 33844

01122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
300 SPENCER SHORES Suite, Apt. #, etc.	300 SPENCER SHORES Suite, Apt. #, etc.
City & State: HAINES CITY, FL	City & State: HAINES CITY, FL
Zip: 33844 Country: USA	Zip: 33844 Country: USA

4. FEI Number: 59-1244552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TUNNO, WYCKLIFFE C JR
7 SPENCER SHRS
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name: TUNNO, W C JR
Street Address (P.O. Box Number is Not Acceptable): 300 SPENCER SHORES
City: HAINES CITY, **FL** Zip Code: 33844

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TUNNO, WYCKLIFFE C JR 7 SPENCER SHRS HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TUNNO, W C JR 300 SPENCER SHORES HAINES CITY, FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: _____ 1-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #