

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

JAN 21 REC'D

FILED

Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012428

1. Entity Name

TREASURE COAST GROVES, LLC



Principal Place of Business

2000 KINGS HWY.
FORT PIERCE FL 34951

Mailing Address

P.O. BOX 670
FORT PIERCE FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1924648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTON, MICHAEL D
1903 SOUTH 25TH ST., STE. 200
FORT PIERCE FL 34947

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TRIPLE M. GROVES, INC.
STREET ADDRESS 2000 N. KINGS HIGHWAY
CITY-ST-ZIP FORT PIERCE FL 34951

☐ Change ☐ Addition
NAME U00000057338
STREET ADDRESS 02/19/04-80057-013 50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

B. T. MINTON, PRESIDENT
TRIPLE M GROVES, INC. MGR

2/16/04

772-464-3502