

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015023

FILED
Apr 16, 2007
Secretary of State

Entity Name: BURNT STORE GROVES, LLC

Current Principal Place of Business:

C/O GULF CITRUS PROPERTIES, INC.
P.O. BOX 51-2116
PUNTA GORDA, FL 339512116

New Principal Place of Business:

5377 DUNCAN ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

C/O JACK O. HACKETT, II, ESQUIRE
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 04-3702078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O ESQ.
FARR FARR EMERICH SIFRIT HACKETT & CARR PA
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HACKETT, JACK O II
FARR FARR EMERICH HACKETT AND CARR PA
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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: JACK O. HACKETT II

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINSLOW, GEORGE
Address: P.O. BOX 51-2116
City-St-Zip: PUNTA GORDA, FL 339512116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WINSLOW, GEORGE A
Address: P.O. BOX 51-2116
City-St-Zip: PUNTA GORDA, FL 339512116 US

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: GEORGE A. WINSLOW

MGR

04/16/2007

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