2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
01-30-2004 90001 011 ****50.00

[redacted]

MOORE CR2E083 (11/03)

DOCUMENT # L02000022395

1. Entity Name
THREE L GROVES, L.L.C.

Principal Place of Business	Mailing Address
2250 SE HANSEL AVE. ARCADIA FL 34266	P.O. BOX 909 ARCADIA FL 34265

2. Principal Place of Business	3. Mailing Address
2250 S.E. Hansel Avenue	P.O. Box 909
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia, Florida	City & State: Arcadia, Florida
Zip: 34266 Country: U.S.	Zip: 34265 Country: U.S.

4. FEI Number 59-3441720 ☐ 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
WALDRON, EUGENE E JR. 124 NORTH BREVARD AVE. ARCADIA FL 34266	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		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE	MGR/ Owner	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, VAN STEPHEN		NAME		
STREET ADDRESS	P.O. BOX 909		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	Owner	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lawrence, Cassandra S.		NAME		
STREET ADDRESS	P.O. Box 909		STREET ADDRESS		
CITY-ST-ZIP	Arcadia, Florida 34265		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Van S Lawrence Van S. Lawrence 1/26/04 (863) 993-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #