

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (SBR)**

FILED

2003 MAY 30 PM 4: 23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025529

1. Entity Name  
P.M. MARCOTT GROVE, L.L.C.



Principal Place of Business  
60 WEST GORE ST.  
ORLANDO, FL 32806

Mailing Address  
60 WEST GORE ST.  
ORLANDO, FL 32806

2. Principal Place of Business

1558 Waterwitch Dr.  
Suite, Apt. #, etc.

3. Mailing Address

1558 Waterwitch Dr.  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

61-1437670

Applied For

Not Applicable

Zip

32806

Country

Zip

32806

Country

U.S.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KREUTER, WILLIAM E  
3117 EDGEWATER DR.  
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

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, 2003

00016377387  
1703--01035--002 \*\*\$5.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE: MANAGER  
NAME: Melvin Johnson  
STREET ADDRESS: 1558 WATERWITCH DR  
CITY-ST-ZIP: ORLANDO FL 32806

TITLE: [ ] Delete  
NAME: [ ] Change [ ] Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: [ ] Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: [ ] Change [ ] Addition  
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TITLE: [ ] Delete  
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NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: [ ] Change [ ] Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* ATTORNEY

4071 841 2190  
4/14/03

CR2E06S (10/02)