

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90345 038 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000027709</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| <b>1. Entity Name</b><br>GROVE STREET, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| <b>Principal Place of Business</b><br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                    | <b>Mailing Address</b><br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832     |                                                        |                                                                                    |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                    | <b>3. Mailing Address</b>                                                            |                                                        |                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                    | Suite, Apt. #, etc.                                                                  |                                                        |                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                    | City & State                                                                         |                                                        |                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | Country                                                            |                                                                                      | Zip                                                    |                                                                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | Country                                                            |                                                                                      | 01232004    Chg-LLC    CR2E083 (10/03)                 |                                                                                    |
| <b>4. FEI Number</b><br>42-1555087                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                    |                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |                                                                                    |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                    |                                                                                      | <b>\$5.00</b> Additional Fee Required                  |                                                                                    |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                    | <b>7. Name and Address of New Registered Agent</b>                                   |                                                        |                                                                                    |
| RUSSELL, DOUGLAS R<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |                                                        |                                                                                    |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and LLC. (FIDIS: Registered Agent's signature required when recasting)</small>                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                      |                                                        |                                                                                    |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                    | <b>10. ADDITIONS/CHANGES</b>                                                         |                                                        |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MGRM<br>RUSSELL, DOUGLAS R<br>11507 NORTH SHORE GOLF BLVD.<br>ORLANDO, FL 32832     | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MGRM<br>SECRIST, ROBERT L<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MGRM<br>DOWD, JAMES<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832       | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | MGRM<br>HOOKER, MARUS P.<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete                                    |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| <b>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.</b> |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                    |                                                                                      |                                                        |                                                                                    |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                    |                                                                                      | Daytime Phone #                                        |                                                                                    |