

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) JAN 2

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90230 013 \*\*\*\*50.00

**DOCUMENT # L03000000244**

1. Entity Name

JEM GROVES, LLC



Principal Place of Business

2000 N. KINGS HIGHWAY  
 FT. PIERCE FL 34951

Mailing Address

P.O. BOX 670  
 FT. PIERCE FL 34954

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0165323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC  
 800 N. MAGNOLIA AVE.  
 SUITE 1500  
 ORLANDO FL 32803

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MANAGING MEMBER  
 J & E GROVES LLC  
 2000 N. KINGS HIGHWAY  
 FT. PIERCE, FL 34951

☐ Delete

10. ADDITIONS / CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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

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:**

JOHN L. MINTON, MANAGER

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

Date

Daytime Phone #