


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90057 024 \*\*\*\*50.00

<b>DOCUMENT # L03000003362</b>	
1. Entity Name <b>A &amp; O GROVES, LLC</b>	

Principal Place of Business <b>7 SPENCER SHORES HAINES CITY, FL 33844</b>	Mailing Address <b>7 SPENCER SHORES HAINES CITY, FL 33844</b>
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**60005391**

2. Principal Place of Business - No P.O. Box # <b>300 SPENCER SHORES</b> Suite, Apt. #, etc.	3. Mailing Address <b>300 SPENCER SHORES</b> Suite, Apt. #, etc.
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01122007 Chg-LLC CR2E083 (12/06)

City & State <b>HAINES CITY, FL</b>	City & State <b>HAINES CITY, FL</b>
Zip <b>33844</b>	Country <b>USA</b>

4. FEI Number <b>55-0817817</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TUNNO, W.C. JR 7 SPENCER SHORES HAINES CITY, FL 33844</b>	7. Name and Address of New Registered Agent Name <b>TUNNO, W.C. JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 SPENCER SHORES</b> City <b>HAINES CITY, FL</b> Zip Code <b>33844</b>
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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 	DATE <b>1-18-07</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TUNNO, WYCLIFFE C JR 7 SPENCER SHORES HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TUNNO, W C JR 300 SPENCER SHORES HAINES CITY, FL 33844</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: 	DATE <b>1-18-07</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		