2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005920

1. Entity Name
TRI-COUNTY GROVE, LLC

Principal Place of Business	Mailing Address
122 E TILLMAN AVE LAKE WALES, FL 33853	122 E TILLMAN AVE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-1150602	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

---

6. Name and Address of Current Registered Agent

ALEXANDER, JD
122 E TILLMAN AVE
LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

---

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALEXANDER, JD
STREET ADDRESS	122 E TILLMAN AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000439695
03/02/06-80009-020 55.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____   2/10/06   863 679-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #