


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90112 003 \*\*\*\*55.00

<b>DOCUMENT # L03000005920</b> 1. Entity Name <b>TRI-COUNTY GROVE, LLC</b>					
Principal Place of Business <b>122 E TILLMAN AVE LAKE WALES, FL 33853</b>			Mailing Address <b>122 E TILLMAN AVE LAKE WALES, FL 33853</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 1318</b> Suite, Apt. #, etc.		
City & State Zip      Country			City & State <b>Lake Wales, FL</b> Zip      Country <b>33853-1318      U.S.A.</b>		
4. FEI Number <b>57-1150602</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			01102007    Chg-LLC    CR2E083 (12/06)		
6. Name and Address of Current Registered Agent  <b>ALEXANDER, JD 122 E TILLMAN AVE LAKE WALES, FL 33853</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ALEXANDER, JD 122 E TILLMAN AVE LAKE WALES, FL 33853</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.		<b>SIGNATURE: <i>JD Alexander</i>      Manager, JD Alexander      1-25-07      863 6799595</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>			