

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006792

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: GROSU INVESTMENTS, L.L.C.

## Current Principal Place of Business:

325 GARDEN DRIVE  
WAUCHULA, FL 33873

## New Principal Place of Business:

2460 PINE CONE PK.  
WAUCHULA, FL 33873

## Current Mailing Address:

325 GARDEN DRIVE  
WAUCHULA, FL 33873

## New Mailing Address:

2460 PINE CONE PK.  
WAUCHULA, FL 33873

FEI Number: 20-0068800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKIBBEN, JEFF J  
105 S 6TH AVENUE #1  
WAUCHULA, FL US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: GROSU, DUMITRU  
Address: 325 GARDEN DRIVE  
City-St-Zip: WAUCHULA, FL 33873

Title: MGR ( ) Delete  
Name: GROSU, CONSTANTA  
Address: 325 GARDEN DRIVE  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GROSU, DUMITRU  
Address: 2460 PINE CONE PK.  
City-St-Zip: WAUCHULA, FL 33873

Title: MGR (X) Change ( ) Addition  
Name: GROSU, CONSTANTA  
Address: 2460 PINE CONE PK.  
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DUMITRU GROSU

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date