

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015802

1. Entity Name
FERNGROVE PROPERTIES, L.L.C.



Principal Place of Business
**6106 JO ANN COURT
SPRING HILL, FL 34609**

Mailing Address
**6106 JO ANN COURT
SPRING HILL, FL 34609**



04192005 No Chg-LLC

CF2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0453928

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFITH, WINSTON F
6106 JO ANN COURT
SPRING HILL, FL 34609**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRIFFITH, WINSTON F
6106 JO ANN COURT
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRIFFITH, RODNEY W
6106 JO ANN COURT
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MORRIS, LORNA Y
6106 JO ANN COURT
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

U00000324350
04/22/05-80091-005 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/2005 (352) 688-5585

Date

Daytime Phone #