


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000034051	
1. Entity Name SOUTH HILLS GROVE, LLC	

Principal Place of Business 10318 ORANGE GROVE DR. TAMPA, FL 33618	Mailing Address 10318 ORANGE GROVE DR. TAMPA, FL 33618
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01312006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0285943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BOGGS, E. JACKSON 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602

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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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAFII, ESPANDIAR 10318 ORANGE GROVE DRIVE TAMPA, FL 336184021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAFII, MARIAN 10318 ORANGE GROVE DRIVE TAMPA, FL 336184021
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02/18/06-80012-001 50.00

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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: Marian Shafii **MARIAN SHAFII** 2/3/06 813 933-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #