2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90043 007 ****50.00

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1. Entity Name
FOX GROVE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
401 EAST OSCEOLA STREET STUART, FL 34994	401 EAST OSCEOLA STREET STUART, FL 34994

04112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
903 SE CENTRAL PARKWAY Suite, Apt. #, etc.	903 SE CENTRAL PARKWAY Suite, Apt. #, etc.
City & State: STUART, FL	City & State: STUART, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number: 13-4265320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR, ESQ
401 EAST OSCEOLA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ANDERSON, DON 560 CENTER STREET, STE. 1 JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	903 SE CENTRAL PARKWAY STUART, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER JOEL PRINCE 917 SE CENTRAL PARKWAY STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER RALPH DESISTO 4976 LEIGHTON FARMS ROAD PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER HOWARD E. GOOGE, JR. 401 EAST OSCEOLA ST. STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER JOHN EASTABROOKS 2727 SHINN ROAD FT. PIERCE, FL 34945	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: DON ANDERSON ✓ 04/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #