

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90033 044 ****50.00

60042307



04232007 Chg-LLC CR2E083 (12/06)

| | | | |
|--|---------------------------------|---|--|
| DOCUMENT # L03000036656 1. Entity Name FOX GROVE DEVELOPMENT, LLC | | | |
| Principal Place of Business 903 SE CENTRAL PARKWAY STUART, FL 34994 | | Mailing Address 903 SE CENTRAL PARKWAY STUART, FL 34994 | |
| 2. Principal Place of Business - No P.O. Box # 18241 PERIGON WAY Suite, Apt. #, etc. | | 3. Mailing Address 18241 PERIGON WAY Suite, Apt. #, etc. | |
| City & State JUPITER FL Zip 33458 | | City & State JUPITER FL Zip 33458 | |
| Country USA | | Country USA | |
| 4. FEI Number 13-4265320 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | 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 903 SE CENTRAL PARKWAY STUART, FL 34994 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP 18241 PERIGON WAY JUPITER, FL 33458 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ | | Date 4-23-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | |