2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

1. Entity Name
WI GROVES, LLC

Principal Place of Business	Mailing Address
799 OVERLOOK DRIVE WINTER HAVEN, FL 33884	P.O. BOX 7789 WINTER HAVEN, FL 33883-7789

07262004 Chg-LLC CR2E083 (10/03) 10/25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0490372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, MARK G ESQ. 255 MAGNOLIA AVENUE WINTER HAVEN, FL 33880	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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
MGRM INGRAM, DON E TRUSTEE P.O. BOX 7789 WINTER HAVEN, FL 338837789 ☐	SD4212900523
MGRM INGRAM, CHRISTINE W TRUSTEE P.O. BOX 7789 WINTER HAVEN, FL 338837789 ☐	07/28/04 900099039 $50.00
MGRM WHEATON, HARRIET S P.O. BOX 7789 WINTER HAVEN, FL 338837789 ☐	
MGRM WHEATON, T. ADAIR P.O. BOX 7789 WINTER HAVEN, FL 338837789 ☐	
☐	REINSTATEMENT 2004
☐	W/O penalty

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.

Christine W. Ingram, Trustee

SIGNATURE: Christine W. Ingram 7/26/04 (863)326-9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #