

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045782

1. Entity Name
WI GROVES, LLC



Principal Place of Business

**799 OVERLOOK DRIVE
WINTER HAVEN, FL 33884**

Mailing Address

**P.O. BOX 7789
WINTER HAVEN, FL 33883-7789**

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC

CR2E083 (10/03)

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

**TURNER, MARK G ESQ.
255 MAGNOLIA AVENUE
WINTER HAVEN, FL 33880**

**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**

000000218798

02/08/05-80001-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INGRAM, DON E TRUSTEE
STREET ADDRESS	P.O. BOX 7789
CITY-ST-ZIP	WINTER HAVEN, FL 338837789
TITLE	MGRM
NAME	INGRAM, CHRISTINE W TRUSTEE
STREET ADDRESS	P.O. BOX 7789
CITY-ST-ZIP	WINTER HAVEN, FL 338837789
TITLE	MGRM
NAME	WHEATON, HARRIET S
STREET ADDRESS	P.O. BOX 7789
CITY-ST-ZIP	WINTER HAVEN, FL 338837789
TITLE	MGRM
NAME	WHEATON, T. ADAIR
STREET ADDRESS	P.O. BOX 7789
CITY-ST-ZIP	WINTER HAVEN, FL 338837789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *Christine W. Ingram* **Christine W. Ingram**

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

2/3/05

Date

(863)326-9833

Daytime Phone #