2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017537

1. Entity Name
GROVES BUILDING & DESIGN, LLC

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Principal Place of Business	Mailing Address
1779 RIDGE ROAD NORTH PALM BEACH, FL 33408	1779 RIDGE ROAD NORTH PALM BEACH, FL 33408

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

Zip	Country	Zip	Country

05072005   Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
27-0081100		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**
GROVES, DAVID 1779 RIDGE ROAD NORTH PALM BEACH, FL 33408	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 5-7-05

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 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE: MGRM NAME: GROVES, DAVID STREET ADDRESS: 1779 RIDGE ROAD CITY-ST-ZIP: NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: SOWLES, DOUG STREET ADDRESS: 3932 KENAS STREET CITY-ST-ZIP: WEST PALM BEACH, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: SCOTT, DEVEN STREET ADDRESS: 1703 WEDGEWOOD PLAZA DR CITY-ST-ZIP: RIVIERA BEACH, FL 33404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____   5-7-05   (561)662-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #