


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90225 045 \*\*\*138.75

<b>DOCUMENT # L04000018980</b>	
1. Entity Name <b>GROVELAND SHOPPES, LLC</b>	

Principal Place of Business <b>5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819</b>	Mailing Address <b>5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819</b>
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**60022530**



2. Principal Place of Business - No P.O. Box # <b>7932 W. Sand lake Rd.</b>	3. Mailing Address <b>7932 W. Sand lake Rd.</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32819</b>	Country
Zip <b>32819</b>	Country

03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>41-2130410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HODGE, RANDALL R 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7932 W. Sand Lake Rd. Ste 300</b> City <b>Orlando, FL 32819</b> <b>FL</b> Zip Code
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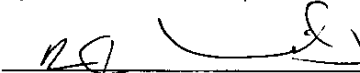
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHATIB, RASHID 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, SCOTT T 7586 W SAND LAKE RD ORLANDO, FL 32819 <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
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:  4/18/08 407-354-2202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #