2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026378

1. Entity Name
GROVE PARK LLC

Principal Place of Business	Mailing Address
1135 EAST AVENUE	1135 EAST AVENUE
CLERMONT, FL 34711 US	CLERMONT, FL 34711 US

DO NOT WRITE IN THIS SPACE

03072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4273579	Not Applicable

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

6. Name and Address of Current Registered Agent

LADD, DALE J
1135 EAST AVENUE
CLERMONT, FL 34711

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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 _____
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, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LADD, DALE J
STREET ADDRESS	1135 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	M
NAME	LADD, DARRYL A
STREET ADDRESS	1135 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	M
NAME	HOFER, BRIAN
STREET ADDRESS	12431 LAKE DENISE BLVD
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	M
NAME	STRINGFELLOW, JUDSON
STREET ADDRESS	10810 OLD TAYPORT PLACE
CITY-ST-ZIP	CHARLOTTE, NC 28277

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80054-017 50.00

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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: _____ Dale J. Ladd _____ 3/12/07 _____ 352-394-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #