

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000032066

1. Entity Name
CFT GROVES, LLC



Principal Place of Business
**3180 NORTH KINGS HIGHWAY
FORT PIERCE, FL 34951**

Mailing Address
**P.O. BOX 613
FORT PIERCE, FL 34954**



03302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0867069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVEN, CASSENS D
3180 NORTH KINGS HIGHWAY
FORT PIERCE, FL 34951**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEVEN, CASSENS D
STREET ADDRESS	P.O. BOX 613
CITY-ST-ZIP	FORT PIERCE, FL 34954
TITLE	MGRM
NAME	LOUIS, FORGET C
STREET ADDRESS	3075 GORDY ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	MGRM
NAME	ROBERT, THOMPSON A
STREET ADDRESS	7301 PACIFIC AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000530964
05/06/06-80021-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

4-21-06 773-461-4615

Date

Daytime Phone #