2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000032066

1. Entity Name
CFT GROVES, LLC

Principal Place of Business	Mailing Address
3180 NORTH KINGS HIGHWAY FORT PIERCE, FL 34951	P.O. BOX 613 FORT PIERCE, FL 34954

DO NOT WRITE IN THIS SPACE

02082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
55-0867069	Not Applicable

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

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6. Name and Address of Current Registered Agent

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

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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

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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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000645672
03/05/07-80016-015 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: _____   2-14-07   772-461-4615

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