

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043112

1. Entity Name
MCNEER GROVES, LLC



Principal Place of Business
**132 EAST HAINES BOULEVARD
LAKE ALFRED, FL 33850 US**

Mailing Address
**PO BOX 586
LAKE ALFRED, FL 33850**



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1222502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNEER, ARTHUR H
132 E. HAINES BOULEVARD
LAKE ALFRED, FL 33850**

**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

ARTHUR H. MCNEER, MEMBER

3-23-06

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**

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCNEER, ARTHUR H
132 E. HAINES BOULEVARD
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAMILTON, FLORENCE M
132 E. HAINES BOULEVARD
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCNEER, RICHARD R
132 E. HAINES BOULEVARD
LAKE ALFRED, FL 33850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000485337
04/12/06-80076-015 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:

ARTHUR H. MCNEER, MEMBER

3-23-06

(863) 956-1715

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

Date

Daytime Phone #