2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L04000056919

Entity Name: ENCHANTED GROVE, LLC

Current Principal Place of Business:

263 N.E. 8TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

5137 N. SCENIC HWY
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 20-1435660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, BRIAN
5137 N SCENIC HWY
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DEL VECCHIO, PATRICK
Address: 263 NORTHEAST 8 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR ( ) Delete
Name: CARR, BRIAN
Address: 5137 N. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN CARR MGR 01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date