
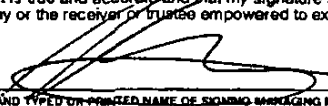


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90351 020 \*\*\*\*50.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L04000088343</b>  |  |         |   |
| 1. Entity Name<br><b>GANDY GROVE, LLC</b>   |  |  |   |
| Principal Place of Business<br><b>8637 CITRUS PARK DRIVE<br/>TAMPA FL 33626</b>   |  | Mailing Address<br><b>8637 CITRUS PARK DRIVE<br/>TAMPA FL 33626</b>                      |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 4. FEI Number<br><b>20-1970297</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| <b>SACARELLO, JAMES R<br/>11812 SPANISH LAKE DRIVE<br/>TAMPA FL 33635-6311</b>  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |  |   |
| <b>FILE NOW!!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>   |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | MGR<br>SACARELLO, JAMES R<br>11812 SPANISH LAKE DRIVE<br>TAMPA FL 33635 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | MGRM<br>SACARELLO, MARLENE L<br>11812 SPANISH LAKE DRIVE<br>TAMPA FL 33635 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   |  | 3/10/05 813-854-4000   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date Daytime Phone #   |   |