2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2006 8:00 am
Secretary of State
01-23-2006 90138 018 ****50.00

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1. Entity Name
THE GROVES OF WEST ORANGE, LLC

Principal Place of Business	Mailing Address
105 E. ROBINSON STREET, SUITE 501 ORLANDO, FL 32801	105 E. ROBINSON STREET, SUITE 501 ORLANDO, FL 32801

J00002175

01122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2699 Lee Rd.	2699 Lee Rd.
Suite, Apt. #, etc. Suite 450	Suite, Apt. #, etc. Suite 450
City & State Winter Park, FL	City & State Winter Park, FL
Zip / Country 32789 USA	Zip / Country 32789 USA

4. FEI Number 20-2402422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR.
105 E. ROBINSON STREET, SUITE 501
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rudnick, James M. P.O. Box 13633 Tallahassee, Florida 32317 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Browning, Robert Jr. 2699 Lee Rd., Suite 450 Winter Park, Florida 32789 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #