

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000021916	
1. Entity Name GROVE HOLDINGS OF CENTRAL FLORIDA, L.L.C.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 27 AM 10:50

Principal Place of Business 1420 S. FLORIDA AVENUE LAKELAND, FL 33803	Mailing Address 1420 S. FLORIDA AVENUE LAKELAND, FL 33803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06222006 Chg-LLC CR2E083 (11/05)

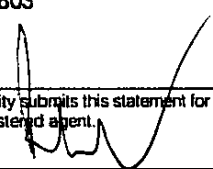
4. FEI Number
20-2539686

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

6. Name and Address of Current Registered Agent ANDERSON, BOBBIE J 1420 S. FLORIDA AVENUE LAKELAND, FL 33803

7. Name and Address of New Registered Agent Name PAUL SEAN HARPER Street Address (P.O. Box Number is Not Acceptable) 1420 S. FLORIDA AVE. City LAKELAND FL Zip Code 33803

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.

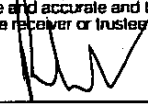
SIGNATURE  DATE 7/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, BOBBIE J 1420 S. FLORIDA AVENUE LAKELAND, FL 33803 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, PAUL SEAN 1420 S. FLORIDA AVENUE LAKELAND, FL 33803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600078467146 08/08/06--01026--009 **\$0.00 ☐ 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
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:  DATE 6/23/06 863/687-8020

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