


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000052046 1. Entity Name GROVE TACTICAL TRAINING & SURVIVAL CENTER, LLC	
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Principal Place of Business 15600 LAGUNA HILLS DR. FORT MYERS, FL 33908 US	Mailing Address 15600 LAGUNA HILLS DR. FORT MYERS, FL 33908 US
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04262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2907665	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVE. SOUTH, SUITE 201 NAPLES, FL 34102

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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, STEPHEN J 1278 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957
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<p>000000751945 05/18/07-80123-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Stephen J. Alexander **STEPHEN J. ALEXANDER** 4/29/07 239 267 7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #