

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061106

Entity Name: EQUUS GROVE LLC

FILED  
May 24, 2006  
Secretary of State

## Current Principal Place of Business:

2120 58 AVE  
159  
VERO BEACH, FL 32966

## New Principal Place of Business:

10315 102 TERRACE  
159  
SEBASTIAN, FL 32958

## Current Mailing Address:

2120 58 AVE  
159  
VERO BEACH, FL 32966

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MILES, ANDREW  
2120 58 AVE  
159  
VERO BEACH, FL 32966 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: MGR ( ) Delete  
Name: MILES, MARI  
Address: 2120 58 AVE #159  
City-St-Zip: VERO BEACH, FL 32966

Title: MGR ( ) Delete  
Name: MILES, ANDREW  
Address: 2120 58 AVE #159  
City-St-Zip: VERO BEACH, FL 32966

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MILES, MARI  
Address: 2120 58 AVE #159  
City-St-Zip: VERO BEACH, FL 32966

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARI MILES

MGRM

05/24/2006

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