


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 008 ****50.00

DOCUMENT # L05000111235					
1. Entity Name DUKE GROVE, LLC					
Principal Place of Business 7800 UNIVERSITY POINTE DRIVE, STE. 100 FT. MYERS, FL 33910-7			Mailing Address 7800 UNIVERSITY POINTE DRIVE, STE. 100 FT. MYERS, FL 33910-7		
2. Principal Place of Business - No P.O. Box # 14220 Royal Harbour Ct		3. Mailing Address 14220 Royal Harbour Ct			
Suite, Apt. #, etc. 510		Suite, Apt. #, etc. 510			
City & State Fort Myers, Florida		City & State Fort Myers, Florida			
Zip 33908		Country US		4. FEI Number 20-3807701	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent D'ALLESANDRO, FRANK R 7800 UNIVERSITY POINTE DRIVE, STE. 100 FT. MYERS, FL 33910-7			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14220 Royal Harbour Ct # 510 City Fort Myers FL Zip Code 33908		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME D'ALESSANDRO, FRANK		<input type="checkbox"/> Delete	TITLE D'ALESSANDRO, FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7800 UNIVERSITY POINTE DRIVE, STE. 100	STREET ADDRESS 14220 ROYAL HARBOUR CT # 510		CITY-ST-ZIP FT. MYERS, FL 33910-7	CITY-ST-ZIP FORT MYERS, FLORIDA 33908	
TITLE MGR	NAME WOODYARD, TOM		<input type="checkbox"/> Delete	TITLE 7051 CYPRESS TERRACE, STE 110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7800 UNIVERSITY POINTE DRIVE, STE. 100	STREET ADDRESS FORT MYERS, FLORIDA 33907		CITY-ST-ZIP FT. MYERS, FL 33910-7	CITY-ST-ZIP FORT MYERS, FLORIDA 33907	
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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.					
Frank D'Alessandro, Manager					
SIGNATURE: <u>Frank D'Alessandro</u>			Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
2/28/07			234-425-8469		
Daytime Phone #			2/28/07		