2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State 07-07-2006 90064 002 ****50.00

Maring Address 1.28 Mari	1. Entity Nam	MENT # L050001199 TERS GROVES, LLC			07-07-20	000 90004	1002	**30.00			
Suite	1328 HOMESTEAD ROAD NORTH 1328 HOMESTEAD ROAD			AD NOR 936	тн						
Cry & State Country Country Country Cry & State Cry &	2. Principal Pl	lace of Business	3. Mailing Address								
Country Zip Country Zip Country St. Certificate of Status Desired St. St. St. Additional Fee Reactived* Research and Address of Current Registered Agent 7. Name and Address of New Register	Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052006	Chg-LLC	CR2E08	3 (11/05)		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State		City & State			4. FEI Numi	0809985		→	`	
Name Street Address (P.O. Box Number is Not Acceptable) City Cit	Zip					1					
Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code	6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New F	Registered Ag	gent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent a	7317 LITTLE ROAD				Street Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Signature		TROTIET, LE 04004		City					Zin Code		
THE CHIGH CONSISTED ACRESS CITY-ST-ZP CIT-ST-ZP CIT-ST-ZP CITY-ST-ZP CIT-ST-ZP CITY-ST-ZP CITY-ST-Z	6. The above	named entity submits this statement for	the purpose of changing its	register	'	red anent or h	oth in the State of Fi		1		
Synamic fronce is \$50.00 Pulling Foe is \$50.00 Make check payable to Florida Department of State	the obligations of registered agent.										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM											
MICRM Change Addition	Fili Que b	ing Fee is \$50,00 by September 6, 2006						•			
SCHROERING, STEPHEN P 1328 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936 ITILE NAME STRET ADDRESS CITY-ST-ZP				_			ADDITIONS	/CHANGES			
STRET ADDRESS CITY-ST-ZP LEHIGH ACRES, FL 33936 TITLE MARE STRET ADDRESS CITY-ST-ZP TITLE MARE MARE MARE MARE MARE MARE MARE MAR		La once			-			ı	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1328 HOMESTEAD ROAD NORT	H	STRE	ET ADORESS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CIT					•	<u> </u>			Change	Addition	
NAME SYREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	s			ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP					1				Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP	STREET ADDRESS			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP LITLE MAME STREET ADDRESS CITY-ST-ZIP LITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-				(Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Defete	1				(Change	Addition	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete		į.				Change	Addition	
	STREET ADDRESS			STRE	£T ADDRESS					ļ	
11. Thereby 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 28/1608050											