2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003108

1. Entity Name
MARTIN FAMILY GROVES, LLC

Principal Place of Business	Mailing Address
4631 SHERWOOD LANE LAKELAND, FL 33803	4631 SHERWOOD LANE LAKELAND, FL 33803

01052008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4083188
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR.
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, JAMES E
STREET ADDRESS	513 NORTH PINEHURST AVENUE
CITY-ST-ZIP	SALISBURY, MD 21801
TITLE	MGR
NAME	MARTIN, GEORGE H
STREET ADDRESS	14116 GLENDOWER DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40245
TITLE	MGR
NAME	MURPHY, SHERRY M
STREET ADDRESS	4631 SHERWOOD LANE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000794131
01/25/08-80035-019 138.75

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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.

SIGNATURE: Sherry M Murphy 1-20-08 (863) 644-2516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #