


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90027 001 \*\*\*\*50.00

<b>DOCUMENT # L06000060502</b> 1. Entity Name <b>INMAN GROVES, LLC</b>					
Principal Place of Business <b>2479 ALOMA AVENUE WINTER PARK, FL 32792</b>			Mailing Address <b>2479 ALOMA AVENUE WINTER PARK, FL 32792</b>		
2. Principal Place of Business - No P.O. Box # <b>400 W. Morse Blvd</b>		3. Mailing Address <b>PO Box 1748</b>			
Suite, Apt. #, etc. <b>Ste 101</b>		Suite, Apt. #, etc.			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>			
Zip <b>32789</b>		Country		Zip <b>32790</b>	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>MCMULLEN, JACK K 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Andrew Gardner</u> <i>Andrew Gardner</i> <b>4/19/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					

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04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5037046** Applied For Not Applicable

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