

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024125

FILED
Apr 27, 2009
Secretary of State

Entity Name: GROVELAND HOLDINGS, LLC

Current Principal Place of Business:

27 N SUMMERLIN AVENUE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

ATTN: JUDY SPALDING
110 W MAIN STREET, SUITE 200
LOUISVILLE, KY 40202 US

New Mailing Address:

27 N SUMMERLIN AVENUE
ORLANDO, FL 32801 US

FEI Number: 51-0673659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFER, SADIQUE M
27 N SUMMERLIN AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

STEPHEN, STONE M
725 N MAGNOLIA AVENUE
ORLANDO, FL 32803 US

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: STEPHEN STONE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROTH, JAMES J JR.
Address: 27 N SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR (X) Delete
Name: JAFFER, SADIQUE M
Address: 27 N SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAFEFR, SADIQUE
Address: 27 N SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SADIQUE JAFFER

MGRM

04/27/2009

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